Taanishi aen tamaashchihooyayhk?*

Métis Population Health Program
Interim Update, 2026

*How are you feeling?

MÉTIS NATION BRITISH COLUMBIA

BRITISH COLUMBIA | Office of the Provincial Health Officer

Cover image: The image on the cover of this report depicts the Métis Nation British Columbia mental wellness and harm reduction sash. Please see page 94 for further information.

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Interim Update, 2026

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Territorial Acknowledgement

Métis Nation British Columbia and the Office of the Provincial Health Officer respect the inherent and treaty rights of the 204 First Nations of the land now known as British Columbia. We respectfully acknowledge the traditional, ancestral, and unceded territories of the Semiahmoo, Katzie, Kwikwetlem, Kwantlen, Qayqayt, and Tsawwassen First Nations in Surrey, BC; the Xʷsepsəm (Kosapsum or Esquimalt) and Songhees Nations (lək̓ʷəŋən or Lekwungen) and W̱SÁNEĆ (Saanich) Peoples in Victoria, BC; and the Secwépemc and Syilx/Okanagan Peoples of the southern interior of BC, where the development of this report took place. We recognize and honour their continued stewardship and governance. Our acknowledgment is rooted in humility and we value the opportunity to build relationships grounded in mutual recognition and respect.

Recognition Statement

Métis Nation British Columbia and the Office of the Provincial Health Officer recognize each of the Métis Chartered Communities located across the province. These Métis Chartered Communities provide Métis people with local programming and opportunities for cultural connection and belonging, sometimes after generations of displacement. We celebrate the meaningful contributions of these Communities and of Métis people, both historically and in the present day.

Language Acknowledgement

The Métis were known historically for their facility with language, and Métis people today continue to speak a variety of languages. The language most often associated with Métis people and Communities is Michif. The Métis created three distinct Michif languages: Southern or Heritage Michif, Northern Michif (also known as Cree-Michif), and Michif French. These languages combine elements of First Nations and European languages. The Michif used in this report is primarily Southern or Heritage Michif as written by Elder Norman Fleury of St. Lazare, Manitoba.

Dedication to Naomie Gladue

After Naomie was born, while her family was in Vancouver, they were approached by a medicine man.* He looked at Naomie and told her that she had an eagle totem and said that she would do great work for her people. Naomie embodied this idea throughout her life, and her spirit lives on in this work.

Naomie Gladue, a young Métis woman, was a vibrant, beautiful, fierce protector. Naomie was outspoken and wouldn't stand by when others were being mistreated. She lived her life embracing the spirit of the saying "dance like nobody is watching." She was unapologetically herself.

Naomie's friends and family have described her as a Métis Elder in the making. She often attended the local Friendship Centre, participated in the youth camps, made moccasins with her mom, was an avid jigger, and was learning Cree from her grandparents. She had hopes of furthering her education and working in a supportive field to help others. When she was just 22, Naomie passed away after attending treatment for 10 days. Throughout her life, Naomie struggled with mental health and substance use. She had taken steps toward recovery when she passed. Naomie had been extremely excited for this new chapter in her life when she began treatment. Unfortunately, she was turned away from safe and accessible health care and was neglected when in crisis. Systemic gaps, racism, and the ongoing impacts of colonialism harmed Naomie's healing journey and ultimately resulted in the loss of her life.

Naomie's story is not an isolated experience for the Métis Community. Naomie's journey, like those of other Métis individuals, highlights the systemic gaps in necessary services and supports needed for healing and recovery. We bring voice to this report as Naomie is not the first, and unfortunately will not be the last, to lose her life to the toxic drug crisis and failures of the healthcare system.

At 16, Naomie made the decision to become an organ donor—so even in death she could save a person's life. Naomie didn't see it as just helping one individual, she saw how saving one life had a ripple effect. Naomie

* The term "medicine man" is used here to capture the language shared directly by Naomie's family when recounting her story. Within Métis Nation British Columbia, the analogous term "Knowledge Keeper" is used to describe individuals who hold and share cultural, spiritual, and land-based knowledge.

saved four people through the donation of her lungs, kidneys, and liver. Naomie kept her heart, the piece of her that she had selflessly shared with those who had the honour of knowing her. Naomie touched so many people in her short 22 years of life. She will live on through her acts of kindness, the love she brought to her family and friends, and the sharing of her story. As she lived in life, she will live on in spirit, spreading joy, bringing light, and being a voice for her people.

Métis Nation British Columbia (MNBC) has received consent from Naomie's family to share her story, which will be the foundation to several pieces of work around Naomie's Legacy. Our next steps include creating a case study outlining Naomie's Story and other Métis experiences when accessing health and wellness services in BC. MNBC will develop Naomie's Principle into a policy to empower the healthcare system to deliver Métis-centric care. Naomie's Principle will uphold Métis health sovereignty and ensure equitable and culturally safe access to health, wellness, and harm reduction services that promote wellness and are culturally grounded, accessible, and free from discrimination.

In this report, we share stories and truths focused on community, culture, connection, care, and loss. The topics discussed may be emotionally difficult. We encourage you to explore your wellness goals while reading this report. This might look like taking additional care, spending a little more time in the natural world, being with loved ones, engaging in activities that support your well-being, or anything that can help you feel more physically, mentally, spiritually, and emotionally grounded.

Discussions about mental health, cultural wellness, violence, and substance use can feel heavy.
This doesn't mean that these stories shouldn't be told.
Be mindful of your own boundaries as you take in this content.
If you need to take time to practise self-care and connect with your supports, please do.

If you need crisis support, please call the **Métis Crisis Line** at

1-833-MÉTISBC (1-833-638-4722)

Message from Project Partners

This report is the second in a series that began with *Taanishi kiiya? Miiyayow Métis saantii pi miyooayaan didaan BC: Métis Public Health Surveillance Program—Baseline Report, 2021.* This report series represents the shared commitment of Métis Nation British Columbia (MNBC) and BC's Office of the Provincial Health Officer to support and promote the health and wellness of Métis people in the province. The project partners are committed to monitoring the health and well-being of Métis people in BC and making related health data available for systems planning and community initiatives. These data will help MNBC and other governments and organizations develop policies and programs that respond to the distinct health and wellness needs of the Métis population in BC.

The data tell a concerning story about the mental health and wellness of the Métis population, especially Métis women, girls, 2SLGBTQQIA+ people, and youth. We have chosen to focus this interim report on the mental health, wellness, and resilience of

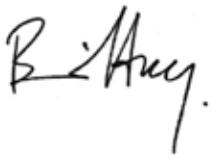
Source: Métis Nation British Columbia

Métis people in BC, with particular attention to these priority populations, as well as the interrelated topics of Métis cultural wellness and cultural safety in health and social services; substance use and harm reduction; and gender-based violence. In addition, this report explores the persistent and underlying challenges of systemic racism and discrimination, patriarchy, and intergenerational and colonial trauma. It also examines the overwhelming and ongoing impacts of the unregulated toxic drug emergency, the recent COVID-19 pandemic, and the escalating climate crisis.

Recognizing that Métis people know what is important for their own health and wellness, this report seeks to reflect and uphold Métis worldviews, including the critical roles of culture, language, and spirituality in wholistic health. Maintaining connections to land, family, and community, and fostering healthy Métis identities, Métis pride, and Métis self-determination, also feed into the health and wellness of Métis people and the strength of the Métis Nation. This report is dedicated to the memory of Naomie Gladue, a young Métis woman whose story connects the data in this report to the lived experiences of Métis people and communities.

Métis strength and resilience, along with an increased commitment to truth and reconciliation, give us reason to be optimistic. We pledge to continue working together to support the bright and healthy futures that Métis people want and deserve.

Danielle Bergevin
Minister of Mental Health and Harm Reduction
Chair, Métis Youth British Columbia
Métis Nation British Columbia



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Partner Organizations' Commitment to Anti-racist Approaches, Inherent Indigenous Rights and Self-determination, and Truth and Reconciliation

Métis Nation British Columbia (MNBC) and the BC Office of the Provincial Health Officer (OPHO) are committed to upholding anti-racist approaches, Indigenous rights and self-determination, and truth and reconciliation with Indigenous Peoples (First Nations, Métis, and Inuit). This commitment includes upholding the rights of all Indigenous Peoples in BC—including the Métis Nation—to self-determination, health, and wellness. The Métis Population Health Program (MPHP) report series and the MNBC–OPHO partnership embrace the spirit of truth, reconciliation, and relationship-building with the goal of promoting optimal health, wellness, and self-determination for all Métis people, families, and Chartered Communities in BC.

The MPHP report series, including the *Taanishi kiiya?* baseline report, is an important part of the ongoing work to honour this commitment. As a meaningful and co-governed partnership between MNBC and the OPHO, MPHP reporting supports Métis self-determination. The MPHP and associated reporting also support the right of Métis people to wholistic health and wellness by monitoring and assessing Métis health and wellness with an emphasis on Métis cultural contexts and ways of knowing.

FOUNDATIONAL OBLIGATIONS TO INDIGENOUS PEOPLES, INCLUDING MÉTIS-SPECIFIC OBLIGATIONS

Section 35 of the *Constitution Act, 1982* recognizes and affirms the Aboriginal and treaty rights of three distinct Indigenous Peoples in Canada: First Nations, Métis, and Inuit. This act and other provincial, federal, and international laws, agreements, treaties, and court rulings set out the obligations of colonial governments and systems to uphold the inherent rights of Indigenous Peoples. The *United Nations Declaration on the Rights of Indigenous Peoples* (2007)[2] creates a framework for action, and Indigenous Peoples have provided additional detailed instructions, including through the following documents and initiatives:

- *Truth and Reconciliation Commission of Canada Final Report* (94 calls to action, 2015): https://nctr.ca/wp-content/uploads/2021/01/Calls_to_Action_English2.pdf
- *Draft Principles that Guide the Province of British Columbia's Relationship with Indigenous Peoples* (2018): https://news.gov.bc.ca/files/6118_Reconciliation_Ten_Principles_Final_Draft.pdf
- *Reclaiming Power and Place: The Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls* (231 calls for justice for Indigenous women, girls, and 2SLGBTQQIA+ people, including 29 Métis-specific calls, 2019): https://www.mmiwg-ffada.ca/final-report/
- *Métis Perspectives of Missing and Murdered Indigenous Women, Girls and LGBTQ2S+ People* (62 calls for Miskotahâ [change], 2019): https://www.mnbc.ca/sites/default/files/2022-07/lfmo_mmiwg_report.pdf
- *In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in BC Health Care* (24 recommendations, 2020): https://engage.gov.bc.ca/addressingracism/
- *Letter of Intent between Métis Nation British Columbia and the Province of BC* (commits to a new whole-of-government partnership between Métis Nation British Columbia and the BC government, 2021): https://news.gov.bc.ca/releases/2021IRR0066-002101
- BC *Declaration on the Rights of Indigenous Peoples Act* (DRIPA, 2019) and DRIPA Action Plan (89 actions, 2022–2027): https://declaration.gov.bc.ca/
- Canada's *United Nations Declaration on the Rights of Indigenous Peoples Act* (2021) and Action Plan (181 priorities, 2023–2028): https://www.justice.gc.ca/eng/declaration/ap-pa/index.html

Individually and as a whole, these foundational obligations define a clear path forward for all people in BC and Canada to co-create a more just and equitable society—one that promotes truth and reconciliation and that honours and respects the rights of Indigenous Peoples. It is our collective responsibility to uphold these foundational obligations in every aspect of our lives and work.

Acknowledgements

This report was developed through a partnership between Métis Nation British Columbia's Ministry of Health and Wellness and Ministry of Mental Health and Harm Reduction and BC's Office of the Provincial Health Officer. It was made possible by the contributors listed below, who generously shared their expertise, critical cultural knowledge, data, insights, and feedback. We raise our hands and express our deepest gratitude to all. Marsee/Maarsii.

BC College of Nurses and Midwives

Carmen Carriere, (former) Minister of Health and Wellness, Métis Nation British Columbia

College of Physicians and Surgeons of BC

Family of Naomie Gladue, with special thanks to Melanie Cervo

McCreary Centre Society

Métis Elder Norman Fleury

Statistics Canada, Indigenous Peoples Survey

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Métis Nation British Columbia

Métis Nation British Columbia Citizen, living on the core and unceded territory of the Kwikwetlem First Nation. On her maternal side, she is of Norwegian descent, with both grandparents having immigrated from Norway. Her paternal Métis roots trace to Red River (St. Boniface, St. François Xavier) and Willow Bunch. She is connected to Métis kin and communities through family lines Dauphinais, Lépine, Cyr, Letendre, Paul, and Pagé, among others.

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Métis ancestral families come from St. Andrews (Red River Settlement), notably Sinclair, Norquay, and Monkman, with ties to the Hudson's Bay fur trade. Louis makes his home on Ts'elxweyeqw territory in Chilliwack and is a member of the Chilliwack Métis Association.

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Table of Contents

Executive Summary

Naomie's Principle will uphold Métis health sovereignty and ensure equitable and culturally safe access to health, wellness, and harm reduction services that promote wellness and are culturally grounded, accessible, and free from discrimination.

– Métis Nation British Columbia

This report is dedicated to Naomie Gladue.

The Métis are one of three Indigenous Peoples in Canada (First Nations, Métis, and Inuit). Métis people have their own distinct culture and identity, with a shared history, languages, worldview(s), and kinship networks. Métis Nation British Columbia (MNBC) is the Métis Nation Government in BC, representing more than 31,000 registered MNBC Citizens and all Métis Chartered Communities in BC, and advocating for more than 113,000 self-identified Métis people in the province.

MNBC initiated the Métis Population Health Program (MPHP) in response to the need for robust Métis-specific data to better understand the health status and needs of Métis in BC. MNBC has partnered with BC's Office of the Provincial Health Officer (OPHO) to jointly report on Métis health and wellness in BC. This joint reporting initiative is intended to be strengths-based; wholistic; grounded in Métis culture, community, and social determinants of health; guided by MNBC's seven core cultural values of integrity, kindness, innovation, respect, teamwork, humility, and resilience; and to uphold Métis data governance principles and Métis self-determination in health monitoring and reporting. The goal of this reporting series is to inform Métis-specific policy and programming to support and improve wholistic health and wellness for Métis people.

The first report in the MPHP series was *Taanishi kiiya? Miiyayow Métis saantii pi miyooayaan didaan BC* (2021). That report established baseline data on 15 Métis health and wellness indicators related to mental health, chronic conditions such as diabetes, cultural wellness, lifestyle factors, and rights and governance. The baseline report also set targets for each of these indicators, to be achieved by 2030, and made four recommendations to support and advance Métis health and wellness in BC.

The current publication, *Taanishi aen tamaashchihooyayhk?* (2026), is the first interim update in the MPHP reporting series. It provides updated data for 14 of the 15 core indicators identified in the baseline report and summarizes progress on implementing the four recommendations made in that report. This publication examines the broader context in which mental health has declined among the general population, due in part to factors such as the unregulated toxic drug emergency, the COVID-19 pandemic, and the climate crisis—each of which has had

disproportionate impacts on Métis people and Métis mental health. It also examines the health and wellness of specific populations facing heightened challenges, including Métis women and girls, Métis people who identify as 2SLGBTQQIA+, and Métis youth. Three priority topics are also raised in this report in response to concerning trends identified in the data: Métis cultural wellness and cultural safety in healthcare settings, gender-based violence, and substance use and harm reduction.

Summary of Findings

Métis identity, culture, and connection are sources of strength and resilience for Métis people. Key factors that undermine Métis wholistic health and wellness are associated with the ongoing oppressions of settler colonialism: racism, discrimination, cis-hetero-patriarchy, misogyny, ableism, and systemic white supremacy. "White supremacy" is the standard terminology used by the OPHO to describe race-based systemic oppression.

Updates on Core Indicators from the 2021 Baseline Report

- ● **On track**
- ▲ **No/minimal change**
- ■ **Worsening**

- ● **Métis youth who can speak at least a few words of an Indigenous language** increased from 12.9 per cent in 2018 to 19.3 per cent in 2023, nearly reaching its 10-year target of 19.4 per cent.
- ● **Hospitalization for ambulatory care sensitive conditions** (hospitalizations that are preventable with access to effective and appropriate primary care services) among Métis dropped from 261.1 per 100,000 people in 2017 to 234.2 per 100,000 in 2023, surpassing its 10-year target of 235.0 per 100,000 people.
- ● **Current smoking (daily or occasional)** among Métis dropped from 27.8 per cent in 2017 to 20.0 per cent in 2022. This decrease surpassed the 10-year target of 20.9 per cent.
- ● **Chronic Obstructive Pulmonary Disease (COPD) incidence** among Métis declined from 7.8 per 1,000 people in 2017/18 to 4.6 per 1,000 in 2023/24, also surpassing its 10-year target.
- ● **Meaningful collaboration between MNBC and the BC government in the following key areas:**
  - **Métis data standard policies and procedures:** Despite capacity limitations at MNBC, partnerships are advancing Métis data governance and delivering tangible results.
  - **Through the BC government's Senior Leadership Committee:** Intergovernmental structures have been established and early successes achieved in health governance and ongoing opportunities for collaboration.
  - **Implementation of the BC *Declaration on the Rights of Indigenous Peoples Act* (DRIPA):** The BC DRIPA Action Plan has catalyzed new relationships and actions expected to lead to future successes in advancing Métis rights and priorities.

▲ **Métis youth who eat foods traditional to their background** changed by less than one percentage point.

▲ **Diabetes incidence** remained essentially unchanged.

▲ **Registered, professionally active Métis healthcare providers:**

- The number of physicians registered with the College of Physicians and Surgeons of BC who self-identified as Métis increased somewhat, but the proportion remains far below the target of 2.0 per cent.
- Data from the BC College of Nurses and Midwives (BCCNM) was added to this report for the first time, so no baseline data are available for comparison. The proportion of nurses registered with BCCNM who self-identified as Métis is 1.8 per cent.
- The project partners are hopeful that Métis data will soon be available from additional health profession regulatory colleges.

■ **Hypertension incidence** has increased dramatically, from 18.4 per 1,000 people in 2017/18 to 37.4 per 1,000 in 2023/24. While the rise may be partially attributed to changes in administrative coding practices, the project partners will monitor this indicator closely going forward.

■ **Métis adults who rate their mental health positively** declined from 49.3 per cent in 2017 to 35.8 per cent in 2022.

■ **Female Métis youth who rate their mental health positively** declined from 49.0 per cent in 2018 to 32.7 per cent in 2023.

■ **Female Métis youth who reported having self-harmed in the previous year** increased from 36.7 per cent in 2018 to 45.9 per cent in 2023.

Additional Data on Populations and Topics Highlighted in this Report

As demonstrated in this report, many Métis people experience mental health challenges—particularly women and girls, youth, and 2SLGBTQQIA+ people. Mental health challenges may be associated with a variety of factors, including racism, discrimination, and other impacts of ongoing settler colonialism; broader issues such as the unregulated toxic drug emergency, the COVID-19 pandemic, and the climate crisis; and priority topics identified in this report, including gender-based violence, substance use, and the need for increased Métis cultural wellness and cultural safety in healthcare and other settings.

- In 2022, 40.2 per cent of Métis people in BC reported worse mental health compared to before the COVID-19 pandemic.
- Among Métis people in BC who experienced discrimination based on their Indigenous identity, 48.6 per cent rated their mental health as fair or poor in 2022, compared to 23.0 per cent who reported their mental health as very good or excellent.
- Métis women and men in BC both experience high and rising rates of mood and anxiety disorders. In 2023/24, the rate among female Métis (25.8 per cent) was nearly twice that of male Métis (13.2 per cent).
- In 2023, 74 per cent of Métis 2SLGBTQQIA+ people in BC who responded to an online survey reported having been diagnosed or treated for a mental health condition.
- In 2022, 58.1 per cent of Métis people in BC who identified as “non-heterosexual” reported fair or poor mental health in 2022, compared to 28.4 per cent of their heterosexual peers.
- Positive self-rated mental health among Métis youth in BC declined from 71 per cent in 2013 to 46 per cent in 2023.
- Nearly three decades after the last residential school in Canada was shut down, the effects of the residential school system continue to be felt. Residential school attendance is associated with a wide variety of harms for survivors, including intergenerational impacts. In 2023, 48 per cent of Métis youth with a relative who attended residential school reported anxiety disorders or panic attacks, compared to 31 per cent of Métis youth without a family history of residential school attendance.
- In 2023, 70.8 per cent of female Métis youth in BC reported experiencing sexual harassment in the previous year.
- Between 2017/18 and 2023/24, the prevalence of substance use disorders among Métis adults in BC increased for all age groups 18 and older. The largest increase was among adults age 50 to 69, rising from 1.5 to 2.6 per cent.
- Seeking support when one needs it demonstrates self-efficacy and resilience. From February 2021 through June 2025, more than 1,200 Métis people in BC accessed counselling services through MNBC’s Métis Counselling Connection program, including more than 100 who were seeking support for issues linked to intergenerational trauma.
- Métis culture remains a source of strength and pride. In 2022, 78.0 per cent of Métis people in BC reported feeling good about their Métis identity.

Recommendations

This report reaffirms the four priorities and recommendations identified in the baseline report and adds 15 new recommendations to improve Métis health and wellness in BC.

PRIORITY #1: IMPROVED MÉTIS HEALTH AND WELLNESS THROUGH UPHOLDING MÉTIS SELF-DETERMINATION

Baseline Report Recommendation 1: Create accountabilities to Métis health and wellness within the MNBC–Province of British Columbia Métis Relations Working Table by establishing a Health and Wellness sub-Working Table.

Baseline Report Recommendation 1 Status Update: The Métis Health and Wellness sub-table has been established and meets every two months, or more often if needed.

Additional recommendations

1.1 Advance the inclusion of Métis rights to self-determination, Métis sovereignty, and Métis Section 35 rights in BC provincial systems planning, policies, and services—including health system planning and service design—by prioritizing implementation of *BC DRIPA Action Plan 2022–2027* actions 1.2, 1.3, 1.4, and 4.26 (see https://declaration.gov.bc.ca/).

1.2 Provide flexible, sustainable, and progressively growing funding to Métis Nation British Columbia (MNBC) to support the design, delivery, and expansion of health services, including a Métis primary care strategy, grounded in Métis culture and Métis ways of knowing. This funding must clearly uphold MNBC's rights to self-determination, enabling the Nation to develop and lead services that advance the cultural, mental, emotional, physical, financial, environmental, social, and spiritual wellness of Métis care recipients.

PRIORITY #2: FULLY REALIZED MENTAL HEALTH AND WELLNESS FOR MÉTIS PEOPLE

Baseline Report Recommendation 2: Develop a Métis Mental Health and Wellness Action Plan to improve mental wellness, reduce problematic substance use, and address the harmful effects of colonialism, assimilation attempts, and the residential school system.

Baseline Report Recommendation 2 Status Update: A standalone Métis Mental Health and Wellness Action Plan has not yet been developed. In the interim, MNBC is working to integrate its newly developed Métis Mental Health and Harm Reduction Framework into healthcare standards and practices across the province.

Additional recommendations

2.1 That the Province of BC work with MNBC to develop a Métis Mental Health and Wellness Action Plan as set out in Baseline Report Recommendation #2.

2.2 Honour the legacy of Naomie's Story by increasing timely access for Métis people in BC to provincially funded, culturally safe, and Métis-grounded treatment and recovery supports, including the establishment of Métis-specific beds and wellness facilities. This must include formal mechanisms that empower MNBC to intervene on behalf of, advocate for, and support MNBC Citizens and self-identified Métis within treatment and recovery pathways, ensuring that care is culturally safe and responsive to Métis wellness needs.

2.3 Fund MNBC to design and implement Métis-led, trauma-informed mental wellness, substance use, and harm reduction services that draw directly on the cultural teachings, practices, and knowledge shared by MNBC Citizens and Communities, in alignment with *BC DRIPA Action Plan 2022–2027* actions 4.11 and 4.12.

2.4 Fulfil existing provincial commitments under *In Plain Sight* and the *BC DRIPA Action Plan 2022–2027* by requiring all health professionals to complete MNBC-led and -delivered Métis cultural wellness education as part of mandatory Indigenous Cultural Safety (ICS) training (e.g., the UBC-accredited Miyo-pimâtisowin: Métis Cultural Wellness Education for Healthcare Professionals course).

2.5 Adopt, implement, and embed the MNBC Métis Mental Health and Harm Reduction Framework into healthcare standards of practice and the joint work plans with regional health authorities and the BC Ministry of Health.

PRIORITY #3: LIFESTYLE AS MEDICINE FOR MÉTIS PEOPLE

Baseline Report Recommendation 3: Develop and action a Métis "Lifestyle as Medicine" Health and Wellness Strategy that recognizes and reflects Métis cultural traditions and values.

Baseline Report Recommendation 3 Status Update: An overarching strategy is yet to be developed, though Métis Health and Wellness Plans are in place or being advanced through partnerships between MNBC and four of BC's five regional health authorities, as well as with the Provincial Health Services Authority and the BC Ministry of Health.

Additional recommendations

3.1 Establish a standardized, predictable model for sustainable funding to MNBC to increase the viability of Métis Community gatherings in all Métis Chartered Communities to promote continuous access to culture, care, connection, and community.

3.2 Establish a system-wide commitment for regional health authorities and the BC Ministry of Health to collaborate with MNBC in the co-design and implementation of the BC Cultural Safety and Humility Standard (BC CSH Standard). This must entail the inclusion of MNBC's Executive Director, Health and Wellness, as a standing member of all provincial health system tables that guide the implementation and response to the BC CSH Standard and *In Plain Sight* report recommendations, such as the Vice Presidents' Table for Indigenous Health.

3.3 Formally recognize significant cultural days for Métis people to increase broader public awareness of Métis history and culture (e.g., Louis Riel Day). This commitment must be grounded in co-developed Métis-specific content that increases awareness of how colonial systems, racism, and discrimination shape Métis worldviews, history, culture, and health outcomes.

PRIORITY #4: COLLABORATIVE, ROBUST, SELF-DETERMINED MÉTIS HEALTH INFORMATION SYSTEMS

Baseline Report Recommendation 4: Develop and implement culturally safe, self-determined processes that facilitate robust data collection to monitor the health and wellness of all Métis people living in BC. This must include upholding Métis data governance standards, and accurate identification of registered MNBC Citizens and self-identified Métis people within provincially held datasets.

Baseline Report Recommendation 4 Status Update: Progress to date includes MNBC engagement on the Indigenous Administrative Data Standard soon to be released by the Province of BC.

Additional recommendations

4.1 Establish a Métis identifier in provincial datasets that is governed by the Métis Data Governance Committee (MDGC). The MDGC must have authority to ensure that data access and use are appropriate, culturally safe, and accountable to MNBC governance.

4.2 That the BC Coroners Service engage with MNBC and the MDGC to immediately begin work on a Métis data governance protocol, include MNBC on death review panels, ensure culturally safe and appropriate interactions with Métis populations, improve Métis identification, and provide MNBC with timely access to data on MNBC Citizens.

4.3 Remove barriers to Métis-specific data access, governance, and use, by
(i) immediately establishing BC government policy and practice directives that recognize MNBC's role in the governance and oversight of all Métis data held by the Province, and
(ii) granting MNBC Indigenous Governing Body Stewardship Custodian status in provincial data legislation.

4.4 Require health authorities to co-develop Métis Population Profiles with MNBC and to use the data to advance Métis health and wellness priorities.

4.5 Incorporate the MDGC into research processes within Health Research BC to establish a research ethics board that ensures Métis worldviews, values, and cultural wellness are considered in research ethics.

Métis Nation British Columbia and the Office of the Provincial Health Officer have produced this report in the spirit of true partnership, reconciliation, and a commitment to moving forward together. Partnerships like these will continue advancing the rights of Métis people in BC to be fully supported in their wholistic health and wellness journeys.

Chapter 1: Introduction

Métis culture represents the creativity, resourcefulness and humour of the Métis people. Each bead sewn on Métis beadwork is a testament to the important ways that Métis individuals honour the land, their families, and Métis communities. Every thread in the Métis sash shares a value that highlights the ways Métis people have survived despite the challenges they have faced. The Michif language holds the distinct Métis way of seeing the world with kindness and generosity. Métis ancestors teach us about integrity and loyalty to where we come from.

– Métis Nation British Columbia[1(p.142)]

Métis People in BC

The **Métis**[a] are one of three distinct **Indigenous Peoples** in Canada (along with **First Nations** and **Inuit**) whose inherent rights are recognized and affirmed in Section 35 of the *Constitution Act, 1982*.[2] Métis people have their own distinct culture and identity, characterized by shared history, languages, worldviews, kinship networks, and connections to the **Historic Métis Nation Homeland**.[1] The Historic Métis Nation Homeland stretches from the Red River Settlement (modern-day Winnipeg)[3] across the Prairies to include "the area of land in west central North America used and occupied as the traditional territory of the Métis or Half-Breeds as they were then known."[4(p.11)]

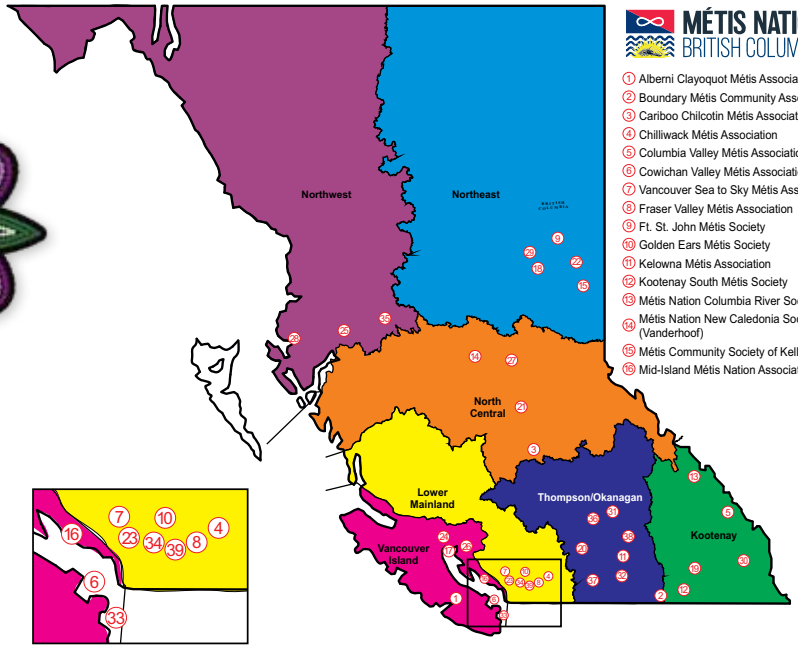
Today, Métis people live across and beyond the Historic Métis Nation Homeland. Métis Nation British Columbia (MNBC) is the recognized Métis Government in BC, representing the Section 35 rights of more than 31,000 registered **MNBC Citizens** in BC and advocating for more than 113,000 self-identified Métis people in the province.[b,5,6,7]

a Bolded terms in this report are defined in the glossary (Appendix A).

b The self-identified Métis population in BC and Canada has grown substantially with each census; in 2021, self-identified Métis people accounted for 2.0 per cent of the BC population. Please see Appendix B for a brief discussion of data based on MNBC Citizenship and Métis self-identification.

> *The term Métis does not encompass all individuals with mixed Aboriginal and European heritage. Rather, it refers to a distinctive people who developed their own worldview, customs, [language,] way of life, and recognizable group identity that is separate from their First Nations or European forebears.*
>
> – Métis Nation British Columbia[1(p.20)]

FIG 1.1 Métis Chartered Communities in BC



MÉTIS NATION BRITISH COLUMBIA Chartered Communities

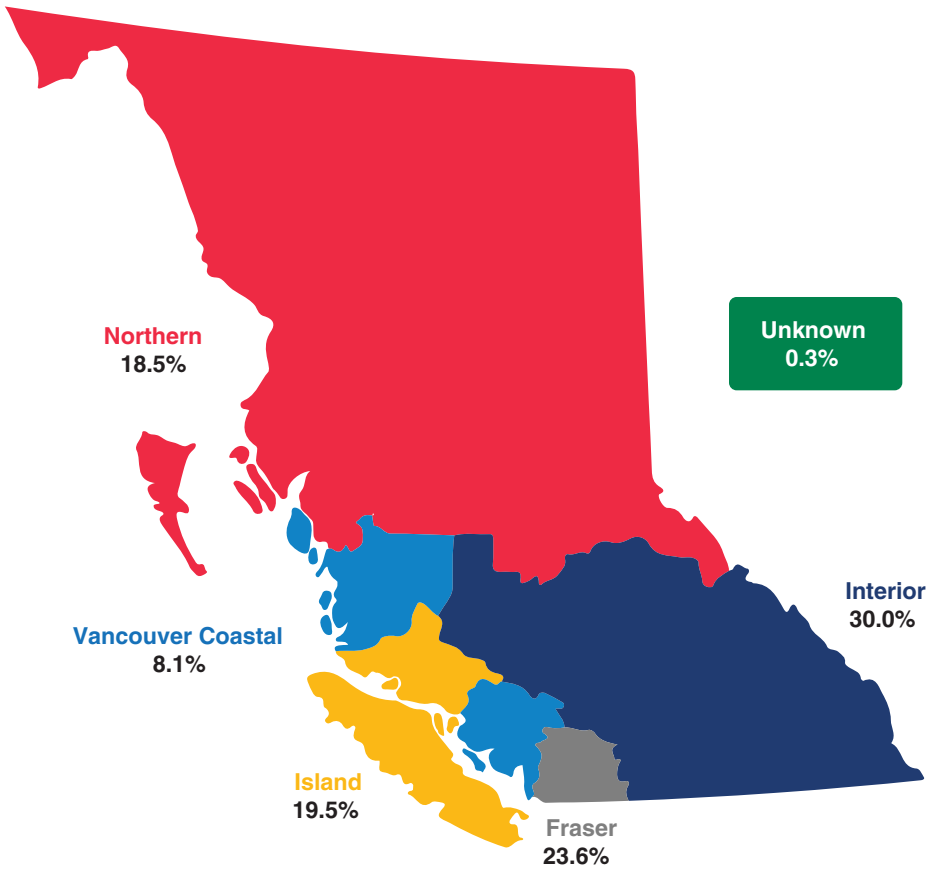
1. Alberni Clayoquot Métis Association
2. Boundary Métis Community Association
3. Cariboo Chilcotin Métis Association
4. Chilliwack Métis Association
5. Columbia Valley Métis Association
6. Cowichan Valley Métis Association
7. Vancouver Sea to Sky Métis Association
8. Fraser Valley Métis Association
9. Ft. St. John Métis Society
10. Golden Ears Métis Society
11. Kelowna Métis Association
12. Kootenay South Métis Society
13. Métis Nation Columbia River Society
14. Métis Nation New Caledonia Society (Vanderhoof)
15. Métis Community Society of Kelly Lake
16. Mid-Island Métis Nation Association
17. MIKI'SIW Métis Association
18. Moccasin Flat's Métis Society
19. Nelson & Area Métis Society
20. Nicola Valley & District Métis Society
21. North Cariboo Métis Association
22. North East Métis Association
23. North Fraser Métis Association
24. North Island Métis Association
25. Northwest BC Métis Association
26. Powell River Métis Society
27. Prince George Métis Community Association
28. Prince Rupert & District Métis Society
29. River of the Peace Métis Society
30. Rocky Mountain Métis Association
31. Salmon Arm Métis Association
32. South Okanagan Simikameen Métis Association
33. The Métis Nation of Greater Victoria Association
34. Surrey Delta Métis Association
35. Tri-River Métis Association
36. Two Rivers Métis Society
37. Vermillion Forks Métis Association
38. Vernon & District Métis Association
39. Waceya Métis Society

Note: This map is a living document and is intended to be amended and refined over time. For the latest version, please visit www.mnbc.ca/citizens-culture/chartered-communities. This map is the property of Métis Nation British Columbia and may not be reproduced without written permission.
Source: Métis Nation British Columbia, 2025.

MNBC represents Métis Chartered Communities in BC spread across the seven MNBC regions, as shown in Figure 1.1. As shown on the following page, Figure 1.2 maps the distribution of MNBC Citizens across BC health authority regions (note that the five BC health authority regions are distinct from the seven MNBC regions shown in Figure 1.1). For added context, the table in Figure 1.2 shows the distribution of MNBC Citizens and **other residents**[c] across BC health authority regions. As these data show, the highest proportions of MNBC Citizens are concentrated in Interior Health (30.0 per cent of MNBC Citizens) and Fraser Health (23.6 per cent of MNBC Citizens). At 8.1 per cent, Vancouver Coastal Health (VCH) is home to the smallest proportion of registered MNBC Citizens. VCH is also home to only two of the Métis Chartered Communities in BC (Vancouver Sea to Sky and Powell River). Lower numbers of MNBC

c In this report, the term "other residents" includes all residents of BC who are not registered MNBC Citizens. This category includes non-Indigenous people, people who self-identify as First Nations or Inuit, self-identified Métis people who are not registered MNBC Citizens, and MNBC Citizens who have not consented or opted in to have their data included in the Métis Population Health Program.

FIG 1.2 **Geographical Distribution of Métis Population, Age 18+, by Health Authority, BC, 2023**



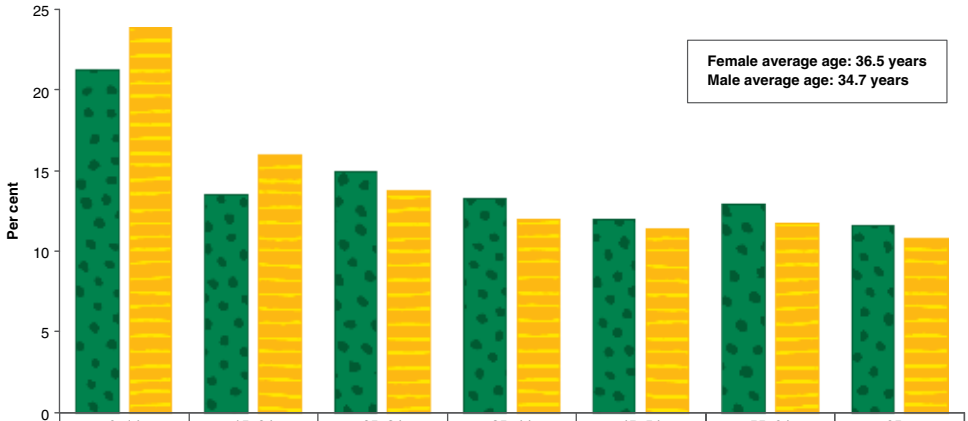
Notes: "Métis" includes Métis Citizens registered with Métis Nation British Columbia who were 18 years or older as of March 31, 2023, and who consented (opted in) to have their data included in the Métis Population Health Program. See Appendix B for more information.
Source: Métis Nation British Columbia, Métis Cohort 2023. Prepared by Population Health Surveillance and Epidemiology, BC Office of the Provincial Health Officer, BC Ministry of Health, December 2025.

Health Authority	MNBC Citizens	Other Residents
Interior Health	30.0%	16.1%
Fraser Health	23.6%	37.0%
Island Health	19.5%	16.6%
Northern Health	18.5%	5.2%
Vancouver Coastal Health	8.1%	24.3%
Unknown	0.3%	0.7%
TOTAL	**100.0%**	**99.9%**

Citizens in the VCH region may be one reason there are only two Chartered Communities in the region, or the presence of only two Chartered Communities may be one reason why there are lower numbers of MNBC Citizens. More densely populated areas offer the potential for additional Chartered Communities, which could create more opportunities for Métis people to connect with culture and community, and possibly lead to increased MNBC Citizenship.

In addition, the table in Figure 1.2 demonstrates that the geographical distribution of other residents across BC health authority regions is quite different from the distribution of MNBC Citizens. The highest proportions of other residents are in Fraser Health (37.0 per cent) and VCH (24.3 per cent). This comparison also shows that a much higher proportion of MNBC Citizens lives in the Northern Health region (18.5 per cent of MNBC Citizens compared to 5.2 per cent of other residents).

FIG 1.3 **Distribution of Métis Population, by Age Group and Sex, BC, 2021**



	0–14	15–24	25–34	35–44	45–54	55–64	65+
Female – Per cent	21.4	13.6	15.1	13.3	12.0	13.0	11.7
Male – Per cent	23.9	16.0	13.9	12.1	11.5	11.8	10.9
All – Per cent	22.6	14.7	14.5	12.7	11.8	12.4	11.3
Female – Count	10,700	6,795	7,545	6,675	6,035	6,525	5,840
Male – Count	11,415	7,635	6,625	5,765	5,490	5,635	5,185

Age Group

Notes: "Métis" includes people who self-identified as Métis. To ensure confidentiality, the counts presented in this chart are randomly rounded either up or down: counts greater than 10 are rounded up or down to a multiple of 5; counts less than 10 are rounded to either 0 or 10. As a result of this rounding, when these data are summed, the total counts may vary slightly. Similarly, percentages calculated on rounded data may not add up to 100. See Appendix B for more information.
Source: Statistics Canada, Table 98-10-0266-01 Indigenous identity by Registered or Treaty Indian status: Canada, provinces and territories, census divisions and census subdivisions. Prepared by Population Health Surveillance and Epidemiology, BC Office of the Provincial Health Officer, BC Ministry of Health, December 2025.

Some of the data in this report are presented according to binary notions of sex and gender. While this is helpful to illuminate differences in lived experience and health status between women and girls and men and boys, it obscures the existence of individuals with fluid or **non-binary** gender identities. Despite such data limitations, efforts have been made to include and represent Métis people of all sex and gender identities and sexualities in this report.

As well as geographical differences, there are age differences between Métis people and other BC residents. Figure 1.3 shows the age distribution of self-identified Métis people in BC by age group and sex based on 2021 census data. As this shows, the Métis population in BC is relatively young. In 2021, children age 0–14 made up 22.6 per cent of the total Métis population in BC. In comparison, children age 0–14 made up only 14.0 per cent of the non-Indigenous population in BC that year.[8]

Figure 1.3 also shows that, in 2021, female Métis made up a slightly higher proportion of the population in all age groups 25 and up, while female Métis accounted for a substantially smaller proportion of the population in the 0–14 and 15–24 age groups.

> *Colonialism has had profound effects on Métis people across Canada, through social and political means of marginalization, isolation, assimilation, and dislocation. This includes the removal of Métis children, re-location and disconnection from the land, and cultural oppression. These forces have had significant effects on Métis health, which continue through multi-generational loss and trauma. ... However, through cultural resurgence in addition to unwavering resiliency, Métis people are asserting their individual and collective identity.*
>
> – Auger[9(p.1)]

Métis Health and Wellness in BC

Métis health encompasses much more than a person's physical state. Many Métis people take a **wholistic**[d] approach to health and **well-being**. This approach is multi-faceted, combining physical, mental, emotional, spiritual, social, economic, environmental, and cultural aspects of health and **wellness** or miyaayaawinn, with an emphasis on balance, belonging, and relationships.[10,11,12,13] These relationships form an interconnected web of individual, spiritual, and place-based connections—to one another, to language and identity, and to land, waters, communities, stories, plants, animals, and spirit (sometimes seen from a Métis worldview as "more-than-human" kin[3(p.11)]).[14] Wholistic health and wellness for Métis people also requires **self-determination**—in matters related to health care and in a wide range of social, cultural, economic, and political spheres.[3,13] In addition, this multi-faceted, wholistic approach considers **social determinants of health**, such as income, employment, and housing (see p. 6, "Métis Social Determinants of Health"). This report uses Métis social determinants of health to help contextualize data and information in a culturally grounded way.

Beaded moccasins by Emerald UnRuh

d The term "wholistic" is used in this report rather than "holistic," except where the latter spelling appears in a quotation. The "w" in "wholistic" better recognizes Métis perspectives in focusing on strengths, connectedness, and wholeness.

MÉTIS SOCIAL DETERMINANTS OF HEALTH

The following health determinants help to link health inequities experienced by Métis people to "social, cultural and economic marginalization [...and the] history, policies, and practices that have contributed to disparate rates of poor health outcomes." [13(p.13)]

- Income and social status
- Poverty
- Housing
- Racism
- Colonialism
- Employment and working conditions
- Education and literacy
- Childhood experiences
- Physical environments
- Environment and climate change
- Social supports and coping skills
- Healthy behaviours
- Access to health services
- Biology and genetic endowment
- Gender diversity
- Culture
- Relationship with animals, land, and waters

Race and ethnicity are often misunderstood as social determinants of health. It is important to understand that *Métis identity* is not a risk factor for poor health outcomes; in fact, Métis identity, Métis cultural and community connectedness, and Métis cultural pride are sources of strength and **resilience**.[9,13,15,16] **Systemic racism** and **patriarchal** attitudes rooted in **settler colonialism** are what create challenges for Métis people to live their best, healthiest lives. The standard terminology used by the Office of the Provincial Health Officer (OPHO) to describe race-based systemic oppression is "**white supremacy.**"[e,11,17]

Settler colonialism and related experiences of intergenerational trauma and colonial violence—including racism, discrimination, socio-economic marginalization, the residential school system, and the **Sixties Scoop**—are among the forces that have led to and continue to create health disparities for Métis people.[18,19,20] These topics are discussed further in Chapter 3. Although an in-depth discussion is beyond the scope of this report, further information can be found in sources such as the following:

- *Land, Family and Identity: Contextualizing Metis[f] Health and Well-being* (2017)[21]
- *Taanishi kiiya? Miiyayow Métis saantii pi miyooayaan didaan BC* (2021)[11]
- *Understanding Indigenous Health Inequalities Through a Social Determinants Model* (2022)[19]
- *Métis Nation: A Vision for Health* (2023)[13]

For Métis people, good health and well-being are rooted in Métis worldviews that prioritize living in a good way in relation with the world around them: **wâhkôtowin** ("kinship" or the interconnectedness of all things and beings)[22] and kaa-wiichihitoyaahk ("we take care of each other").[1] The ongoing legacy of settler colonialism has resulted in a failure to recognize the distinct identity and needs of Métis people, as well as a failure to provide accessible, high-quality, culturally safe and culturally appropriate health and social services.

e In this context, the term "white supremacy" is not meant to evoke the types of racism enacted by white nationalist groups. The term is increasingly used in public health contexts to describe oppression that is entrenched into societal systems that grant power and privilege to whiteness, including within political, social, cultural, educational, and economic systems, institutions, and spaces. For more information, see Appendix A (Glossary) and "Introduction to Unlearning & Undoing White Supremacy and Racism in the Office of the Provincial Health Officer": https://www2.gov.bc.ca/gov/content/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/unlearning-undoing-project.

f Note there is no accent on "Metis" in this title, as the author chooses not to use the accent.

Despite these and other injustices, Métis people continue to demonstrate strength and resilience. MNBC works with many partners toward its vision of "a future where Métis people, communities and children thrive … are connected to our rich Métis culture, heritage and languages … [and] achieve strong socio-economic outcomes, and our Métis rights as an Indigenous people are recognized."[5] Ongoing work includes increasing the visibility and awareness of Métis identity, culture, and history; having access to and control over Métis-specific data; continuing to develop **distinctions-based** approaches to Métis health, wellness, and social services; and improving Métis-specific cultural wellness and cultural safety in health and wellness services to better meet the needs of Métis people, including providing Métis-focused training for health and social service professionals.

> *Adequate, accurate and accessible data and information on health and well-being [are] essential to understanding the health status of a population and the disparities that exist. … For Métis in Canada, a true picture of population health and well-being has been missing, the predominant reason being the lack of adequate, accurate and accessible data and information.*
>
> – Métis Centre, National Aboriginal Health Organization[23(p.1)]

Métis Population Health Program Reporting

The need for Métis-specific data was the driving force behind the development of the Métis Population Health Program (MPHP) in BC.[g] Recognizing that good data are important for understanding and improving the health of a population, MNBC has been working for years to build the MPHP into a robust dataset to support Métis population health monitoring and reporting in the province. Ultimately, the goal of this work is to inform Métis-specific policy and programming to better support and improve wholistic health and wellness for Métis people in BC.

MNBC and the OPHO have committed to work together to advance and support the health and wellness of Métis people in BC; this commitment is formalized in an MNBC–OPHO Letter of Understanding, which was refreshed in December 2023. This joint commitment is also reflected in MPHP reporting, where MNBC and the OPHO have committed to a 10-year reporting series from 2021 to 2030, modelling strengths-based, wholistic reporting informed by and grounded in Métis values, culture, and Community.[h] The work is guided by MNBC's seven core cultural values: integrity, kindness, innovation, respect, teamwork, humility, and resilience.[5]

The first report, *Taanishi kiiya? Miiyayow Métis saantii pi miyooayaan didaan BC* (2021),[i,11] established **baseline data** on a range of key **indicators** (e.g., physical activity, diabetes, mental health), targets to be achieved by 2030, and recommendations for improving the health and wellness of Métis people in BC. The current publication is the second report in this series and was jointly produced through

g The MPHP was formerly known as the Métis Public Health Surveillance Program.

h "Community" is sometimes capitalized in this report, and sometimes not. This is done with intention. "Community" with a capital C refers to Métis Chartered Communities in BC and recognizes the Métis as a distinct yet diverse people with a shared history, kinship, and governance system. When "community" appears with a lowercase c, it refers to social or geographic groups and relationships.

i This title is written in the Métis language of **Michif**. The English translation is "How are you? Improving Métis health and wellness in BC." Only the report title is in Michif; the report itself is written in English.

the close working partnership between MNBC and the OPHO. This interim report provides updates on data and recommendations from the baseline report and responds to concerning trends that have been identified in Métis mental health, with a particular focus on Métis women and girls, Métis people who identify as **2SLGBTQQIA+**,[j] and **Métis youth**. Although good data on Métis 2SLGBTQQIA+ people are not readily available, the project partners are committed to exploring ways to make these populations visible, in MPHP reports and elsewhere.

Notes on Data

The MPHP reporting series—including this report—upholds and honours Métis data governance principles and Métis self-determination in health monitoring and reporting. These reports rely on MPHP data, supplemented by data from other sources. Following is a brief summary of the key data sources and types of data featured in this report.

- MPHP data. These represent the health and wellness of MNBC Citizens, age 18 and older, who are registered with MNBC and who have consented or opted in to have their data included in the MPHP. This dataset is known as the **Métis cohort**.
- Survey data from sources such as Statistics Canada's Indigenous Peoples Survey[24] and the McCreary Centre Society's BC Adolescent Health Survey.[25] These sources represent the health and wellness of people who self-identify as Métis, which is likely to include MNBC Citizens as well as Métis people who are not registered with MNBC.
- Qualitative (non-numerical) data from MNBC, MNBC Citizens, academic literature, and other published sources. Qualitative data represent the lived experiences of Métis people through narrative means, which may include interviews, stories, talking circles, quotations, photographs, and artwork.

Despite these diverse data sources, finding reliable and reportable Métis-specific data for BC remains a challenge. Notably, data availability for some Métis populations (e.g., people with **disAbilities**[k]; 2SLGBTQQIA+ people[26]) is limited. The majority of the charts in this report that show data breakdowns by sex only include female and male—further reinforcing the harmful normalization of a binary approach to gender—due to limitations in the data sources. Future reporting will explore additional data sources to better spotlight the lived experiences of additional populations. For further information about the sources and limitations of the data used in this report, please see Appendix B.

Organization of This Report

This chapter has provided a brief introduction to Métis identity, Métis health and wellness, the Métis Population Health Program in BC, and the partnership between MNBC and the OPHO. The remainder of the report is structured as follows:

- **Chapter 2** outlines what has changed since the 2021 *Taanishi kiiya?* baseline report, including updates on the priorities,

j 2SLGBTQQIA+ is an acronym that includes Indigenous people who identify as **Two-Spirit** and all people who identify as lesbian, gay, bisexual, transgender, queer, questioning, intersex, and/or asexual, and others with fluid or non-binary sex or gender identities and sexualities.

k MNBC and the OPHO recognize that people living with disAbilities span a diverse range and identify in different ways. The "A" in "disAbility" has been capitalized to focus on the abilities of people who live with disAbilities and to help remove deficit undertones of the word. MNBC continues to work with Métis Citizens to identify their preferred terms going forward.

recommendations, and health and wellness targets identified in that report, and additional updates from MNBC.

- **Chapters 3 and 4** establish the context for this report's focus on mental health and wellness by examining historical and contemporary events and societal shifts that have affected Métis health and wellness (including mental health and wellness), both positively and negatively.
  - **Chapter 3** explores the formation of Métis culture and identity, and how these are sources of strength and resilience for Métis people despite the ongoing oppressions of colonialism, racism, discrimination, patriarchy, and systemic white supremacy.
  - **Chapter 4** examines the added mental health impacts of the ongoing unregulated toxic drug emergency, the COVID-19 pandemic, and the climate crisis.
- **Chapter 5** takes a deeper look at the mental health and wellness of Métis women, girls, 2SLGBTQQIA+ people, and youth, whose mental health status has been identified as of particular concern.
- **Chapter 6** explores Métis-specific cultural wellness, the need for Métis cultural wellness and cultural safety in health and social services, the ongoing epidemic of **gender-based violence**, and mental health and harm reduction in the Métis context. It also reflects on what can be learned from the life and experiences of Naomie Gladue, to whom this report is dedicated.
- **Chapter 7** discusses key findings, highlights priority areas for continued and future work, and offers additional recommendations to improve health and wellness outcomes for Métis people in BC.

This report also includes five appendices:

- **Appendix A** is a glossary of terms used in this report. Words that are included in the glossary appear in **bold type** the first time they are used.
- **Appendix B** contains detailed information about the data sources used to develop this report.
- **Appendix C** includes additional data and charts that provide a fuller picture of Métis health and wellness in BC by presenting more recent data on many of the indicators explored in the *Taanishi kiiya?* baseline report.
- **Appendix D** provides a list of the figures and tables that appear in this report.
- **Appendix E** is the list of references, organized by chapter. This list includes the many sources that informed the development of this report.

Chapter 2:
Updates Since the Baseline Report

The amount of research that meaningfully consults with Métis community members has increased, resulting in rich data that uncover the nuanced experiences of being Métis and actionable feedback that is relevant to improving health services for Métis Peoples.

– Gmitroski, Hastings, Legault, and Barbic[1(p.E892)]

This chapter provides a brief overview of changes and developments since Métis Nation British Columbia (MNBC) and the BC Office of the Provincial Health Officer (OPHO) released *Taanishi kiiya? Miiyayow Métis saantii pi miyooayaan didaan BC: Métis Public Health Surveillance Program—Baseline Report, 2021* (the "baseline report").[2] These include updates on the core indicators identified in the baseline report, progress toward achieving targets for these indicators, and actions taken by MNBC and partner organizations to implement the baseline report recommendations. This chapter also summarizes related program and policy changes at MNBC.

Baseline Report Indicators and Targets

The *Taanishi kiiya?* baseline report included 15 core Métis health and wellness indicators that MNBC and the OPHO committed to measuring over a 10-year period.[2(p.115)] Updated data for these indicators are shown in the project dashboard (Table 2.1), with the following adjustments:

- Updated data for the physical activity indicator are no longer available from the original source. The project partners are exploring alternative data sources for this indicator for future reports.
- In this report, data on both current smoking rates and adults who report "very good" or "excellent" mental health are taken from the Indigenous Peoples Survey[6] rather than from the Canadian Community Health Survey,[9] which was used in the baseline report.
- The baseline report's list of core indicators included **prevalence** for both diabetes and hypertension. Moving forward, MNBC and the OPHO have decided to use **incidence** rather than prevalence as a more meaningful measure of population-level shifts over time.
- The indicator measuring the number of registered physicians in BC who identify as Métis has been renamed "Registered Métis Healthcare Providers" and expanded to include nurses and midwives. The targets have changed from the number to the percentage of providers. The target for each Métis healthcare provider type is now 2.0 per cent to align with the proportion of the BC population that self-identified as

Métis in 2021.[3] These targets may change with future census numbers. The project partners are hopeful that Métis data will soon be available from additional health profession regulatory colleges.[4]

- The measure "Female youth who report having ever self-harmed" has been replaced with "Female youth who report having self-harmed in the past 12 months." While "ever self-harmed" provides insight into the lifetime prevalence and overall burden of self-harm, the 12-month measure is more useful for monitoring recent or current mental health risks.

These changes have led to shifts in both baseline values and targets for several indicators. See Appendix B for more information about the data and data sources presented in this report.

TABLE 2.1 Updates on Core Métis Health and Wellness Indicators

Indicator	Baseline Value	Interim Report	Target (2030)	Progress
Cultural Wellness and Lifestyle Factors				
Métis youth (age 12–19) who speak at least a few words of an Indigenous language	12.9%	**19.3%**[5]	19.4%	● on track
Métis youth (age 12–19) who eat foods traditional to their background	14.6%	**15.0%**[5]	21.9%	▲ no/minimal change
Moderately active or active during leisure time (age 12+)	64.0%	**Data not available**	70.4%	N/A
Current smoker, daily or occasional (age 15+)	27.8%	**20.0%**	20.9%	● on track
Supportive Health Systems				
Diabetes incidence (age 18+)	8.9 per 1,000	**9.0 per 1,000**	8.0 per 1,000	▲ no/minimal change
COPD incidence (age 35+)	7.8 per 1,000	**4.6 per 1,000**[7]	7.0 per 1,000	● on track
Hypertension incidence (age 18+)	18.4 per 1,000	**37.4 per 1,000**	16.6 per 1,000	■ worsening
Hospitalizations for ambulatory care sensitive conditions (age 18–74)	261.1 per 100,000	**234.2 per 100,000**[8]	235.0 per 100,000	● on track

Indicator	Baseline Value	Interim Report	Target (2030)	Progress
Registered Métis healthcare providers:				
Physicians registered with CPSBC	56 of 13,263 = 0.4%	**110 of 15,861 = 0.7%**	2.0%	▲ no/minimal change
Nurses registered with BCCNM	N/A	**~1,310 of 73,921 = 1.8%**	2.0%	N/A
Midwives registered with BCCNM	N/A	**<10 of 641**[10]	2.0%	N/A
Mental Health and Wellness				
Adults who rate their mental health as "very good" or "excellent" (age 15+)	49.3%	**35.8%**	61.6%	■ worsening
Female youth (age 12–19) who rate their mental health as "good" or "excellent"	49.0%	**32.7%**[5]	61.3%	■ worsening
Female youth (age 12–19) who report having self-harmed in the past 12 months	36.7%	**45.9%**	26.0%	■ worsening
Advancing Métis Rights and Governance Please see the next section of this chapter for updates on the following three indicators				
BC government ministries working with MNBC to implement Métis data standard policies and procedures				
BC government ministries working with MNBC through the Senior Leadership Committee [formerly the Assistant Deputy Ministers' Committee] identified in the October 2021 Letter of Intent				
BC government ministries working in meaningful collaboration with MNBC to implement actions under the *BC Declaration on the Rights of Indigenous Peoples Act* that benefit Métis people and Communities				

Notes: COPD means chronic obstructive pulmonary disease. CPSBC means the College of Physicians and Surgeons of BC. BCCNM means the BC College of Nurses and Midwives. The ~1,310 Métis nurses include 1,245 nurses who identified as Métis, 59 who identified as both Métis and First Nations, and an undisclosed number (fewer than 10) who identified as both Métis and Inuk (Inuit). The percentage of Métis midwives cannot be calculated based on the data available. Unless the source is marked with an endnote number in this table, all quantitative data in the "Interim Report" column are charted in this report. See Appendix B for more information on data sources and limitations.

As Table 2.1 shows, progress on these core indicators has been mixed. The most positive progress is reflected in four indicators that have almost or already reached their 10-year targets. One is the percentage of Métis youth who can speak at least a few words of an Indigenous language, which increased from 12.9 per cent in 2018 to 19.3 per cent in 2023, nearly reaching the 10-year target of 19.4 per cent. Another is the rate of hospitalization of Métis people for **ambulatory care sensitive conditions** (ACSCs), which are conditions such as diabetes, hypertension, and asthma that can typically be managed without hospital care when people have access to effective and appropriate primary care services.[2] Hospitalizations for ACSCs are generally avoidable and can be influenced by a lack of cultural safety in healthcare services.[11,12] The rate of hospitalization for ACSCs among Métis people in BC (age 18–74) dropped from 261.1 per 100,000 people in 2017 to 234.2 per 100,000 in 2023, which may indicate there has been improved access to healthcare for Métis people in BC. However, this shift may also be partially linked to an overall reduction in people seeking hospital care during the COVID-19 pandemic.[13]

The other two indicators that demonstrate substantial improvement are the rates of smoking and the incidence of chronic obstructive pulmonary disease (COPD). These improvements may be linked, as smoking tobacco products is the main cause of COPD.[14,15] The percentage of Métis people age 15 and older who reported being a current smoker (daily or occasional) dropped from 27.8 per cent in 2017 to 20.0 per cent in 2022. This decrease surpassed the 10-year target of 20.9 per cent. The COPD incidence rate declined from 7.8 per 1,000 people in 2017/18 to 4.6 per 1,000 people in 2023/24, also surpassing its 10-year target. While MNBC and the OPHO are encouraged by these findings, they may not be as straightforward as they appear. COPD develops over many years, and such a dramatic shift is not likely to occur in such a short timeframe. Reduced COPD rates may partly reflect reduced healthcare utilization during the COVID-19 pandemic, resulting in fewer emergency department visits and hospitalizations related to COPD.[16] In addition, e-cigarette use ("vaping") in Canada has been described as "an epidemic among youth."[17(p.1)] In 2018, Métis youth in BC reported much higher rates of vaping (40.1 per cent) than non-Métis youth in BC (26.9 per cent).[18,19] Vaping is associated with COPD, among other health issues,[17,20,21] and vaping among youth may therefore have implications for future COPD rates (vaping rates among Métis youth are charted in Appendix C). MNBC and the OPHO will continue to monitor these indicators and provide support as needed.

Of the indicators with worsening trends, the rise in hypertension among Métis people in BC is particularly alarming: rates have increased from 18.4 per 1,000 in 2017/18 to 37.4 per 1,000 in 2023/24. While the COVID-19 pandemic likely contributed to a global rise in hypertension overall,[22,23,24] the spike is at least partly attributable to a change requiring hypertension to be recorded whenever it is documented by a physician or primary care provider, regardless of its clinical significance during that specific visit.[25]

A substantial worsening is also seen for all three indicators relating to mental health and wellness: Métis adults who rate their mental

health positively, Métis female youth who rate their mental health positively, and Métis female youth who report having self-harmed in the past 12 months. These concerning downward trends—including their probable causes and potential solutions—are a primary focus of the chapters that follow.

Please refer to Appendix C for additional Métis health and wellness data, including charts on chronic conditions of particular concern to Métis people in BC. Progress on the three indicators in the "Advancing Métis Rights and Governance" section of the dashboard—a direct measure of Métis rights to self-determination—is discussed in the following section.

Advancing Métis Rights and Governance: Assessments of Progress

Progress in the Partnership Between Métis Nation British Columbia and the Province of British Columbia, 2006–2025

Since developing and signing the first Métis Nation Relationship Accord (MNRA) in 2006,[26] MNBC and the Province of BC have progressively deepened their government-to-government relationship. The MNRA was updated to the Accord II in 2016,[26] reaffirming the parties' commitments, and the parties signed a Letter of Intent in 2021, creating intergovernmental mechanisms for ongoing engagement.[27] In 2025, MNBC and the Province of BC established Terms of Reference for the Métis Relations Working Table. Together, these milestones represent a growing architecture for joint action, accountability, and the recognition of Métis-specific rights under BC's *Declaration on the Rights of Indigenous Peoples Act* (DRIPA).

1. Advancing Métis Data Governance

Indicator: BC government ministries working with MNBC to implement Métis data standard policies and procedures

MNBC is working with the BC Ministry of Health (HLTH) and BC Ministry of Citizens' Services to develop and apply Métis-specific data governance standards. Highlights of this work include the following:

- Joint work with HLTH on the forthcoming *Health Information Management Act,* which represents an important step toward Métis co-governance of data.
- Ongoing collaboration with the OPHO on a series of Métis Population Health Program (MPHP) joint reports, including the *Taanishi kiiya?* baseline report (2021) and the current report (2026), both of which highlight Métis health data and perspectives.

These efforts demonstrate both tangible progress and ongoing challenges. MNBC's current capacity and resource constraints make it difficult to take on full leadership of this work. Without steady, long-term investment, participation often follows the BC government's pace and priorities rather than those of the Métis Nation.

MNBC Indicator Assessment: Although capacity gaps continue to limit MNBC's ability to fully exercise data sovereignty, partnerships are advancing Métis data governance and delivering tangible results.

2. Strengthening Intergovernmental Structures

Indicator: BC government ministries working with MNBC through the Senior Leadership Committee [formerly the Assistant Deputy Ministers' Committee] identified in the October 2021 Letter of Intent

The Senior Leadership Committee and the Métis Relations Working Table provide regular, structured engagement between MNBC and the Province of BC.

- Meetings are now consistent, creating pathways to advance Métis priorities into government decision-making.
- Sub-tables are emerging, and the Métis Health and Wellness sub-table is finalizing its Terms of Reference and co-developing a long-term work plan with HLTH and the BC Ministry of Indigenous Relations and Reconciliation (MIRR).

MNBC Indicator Assessment: Regularized intergovernmental structures are maturing into action-oriented spaces, with early successes in health governance and ongoing opportunities to expand consistent sub-table collaboration.

3. Advancing DRIPA Implementation for Métis People

Indicator: BC government ministries working in meaningful collaboration with MNBC to implement actions under DRIPA that benefit Métis people and Communities

Every provincial government ministry has responsibilities relevant to the Métis Nation and should engage with MNBC regarding DRIPA actions and implementation.

- Strong engagement has been established with BC government ministries such as MIRR, HLTH, Education and Child Care, and Post-Secondary Education and Future Skills.
- Notable progress to date includes the following developments:
  - a permanent Métis seat on the BC *Anti-Racism Data Act* Committee;
  - a Letter of Understanding (LOU) between MNBC and the Provincial Health Services Authority; and
  - advancements in the area of child care and early movement toward Métis-specific primary care clinics.

Most of the work so far has focused on preparation: creating new opportunities, establishing key processes, and laying the foundation for more in-depth, Métis-specific implementation.

MNBC Indicator Assessment: The BC DRIPA Action Plan[28] has catalyzed new relationships and preparatory actions that position MNBC and the Province of BC for future successes in advancing Métis rights and priorities.

Updates on Baseline Report Priorities and Recommendations

> *The development of Métis-specific resources highlights our commitment to tackling health disparities while honouring our distinct cultural heritage and Nation. As we progress, we will continue to prioritize meaningful change by ensuring that every Métis individual is visible and receives the care and respect they deserve.*
>
> – Colette Trudeau, Chief Executive Officer, Métis Nation British Columbia[29]

PRIORITY #1
IMPROVED MÉTIS HEALTH AND WELLNESS THROUGH UPHOLDING MÉTIS SELF-DETERMINATION

> RECOMMENDATION 1

Create accountabilities to Métis health and wellness within the MNBC–Province of British Columbia Métis Relations Working Table by establishing a Health and Wellness sub-Working Table.

a) The Health and Wellness sub-Working Table should report regularly to the Métis Relations Working Table on progress related to the co-development and implementation of strategies, programs, policies, and services to support the following:
   i. Enhancing cultural safety and cultural wellness for Métis people.
   ii. Ensuring that provincial health systems are responsive to and inclusive of the unique needs and cultural traditions of Métis people.
   iii. Developing Métis-specific cultural safety and cultural wellness training.
   iv. Increasing the numbers of Métis. healthcare providers (physicians, nurses, etc.).

b) Use the [Métis Population Health Program] report findings as indicators of progress on improving determinants of health and health outcomes for Métis people.

Recommendation 1 Update

- In 2023, the Métis Relations Working Table[l] created a Métis Health and Wellness sub-table,[m] which reflects and aligns with the MNBC Wellness Vision:

l MNBC and the Province of BC created the Métis Relations Working Table in 2021 to establish a collaborative, accountable, whole-of-government approach to advancing the health and wellness priorities and quality of life of Métis people in BC. This table is working to build and maintain awareness of Métis culture and MNBC interests across the provincial government, and is supporting the development of an updated MNBC–Province of BC agreement to follow the 2016 Métis Nation Relationship Accord II.

m Terms of Reference for this sub-table are still under development at the time of this writing. The Métis Relations Working Table has also created sub-tables on topics such as environmental protection, housing, economic development, and culture, heritage, and language.

Guided by self-determined Métis Ways of Knowing and Being, Métis Citizens are healthy, happy, resilient and grounded in their culture and languages and thriving as individuals and as members of their Métis families and communities.

- The Métis Health and Wellness sub-table is intended to uphold Métis healthcare priorities identified by MNBC and to address the health and mental health and wellness of Métis people in BC, with a focus on the following actions:
  - Enhancing cultural wellness and cultural safety for Métis people in BC.
  - Supporting Métis mental health and wellness, including exploring harm reduction and substance use programming.
  - Supporting Métis people's efforts to improve their lifestyles and address behavioural risk factors that affect their health and wellness.
  - Enhancing provincial information systems.
- Sub-table members meet every two months, or more often if needed, while the sub-table's Executive Champions meet twice a year to review progress and provide strategic direction.

Mental Wellness and Harm Reduction Sash. Source: Métis Nation British Columbia

PRIORITY #2
FULLY REALIZED MENTAL HEALTH AND WELLNESS FOR MÉTIS PEOPLE

> RECOMMENDATION 2

Develop a Métis Mental Health and Wellness Action Plan to improve mental wellness, reduce problematic substance use, and address the harmful effects of colonialism, assimilation attempts, and the residential school system.

Recommendation #2 Update

- MNBC hosted a series of Knowledge Gathering events across the province in 2024 and 2025—including seven regional gatherings and nine virtual (online) gatherings—to inform the development of a Métis Harm Reduction Framework. Additional Knowledge Gathering events are underway to inform a Métis Mental Health Framework.
- MNBC provides a broad spectrum of programs and services grounded in Métis knowledge, culture, and community that promote Métis mental health and wellness. These include the Métis Counselling Connection Program and several Métis **Life Promotion** initiatives, which are discussed in Chapter 3, as well as a range of harm reduction supports, which are discussed in Chapter 5.
- MNBC's Ministry of Mental Health and Harm Reduction continues to expand, with new staff positions focused on mental health, harm reduction, and knowledge translation to support this work.

Source: Métis Nation British Columbia

Source: Métis Nation British Columbia

PRIORITY #3
LIFESTYLE AS MEDICINE FOR MÉTIS PEOPLE

> RECOMMENDATION 3

Develop and action a Métis "Lifestyle as Medicine" Health and Wellness Strategy that recognizes and reflects Métis cultural traditions and values.

Recommendation #3 Update

- MNBC has been working with the Provincial Health Services Authority (PHSA) and the five regional health authorities in BC to create and update Letters of Understanding (LOUs) to promote increased access to culturally safe and appropriate healthcare services for Métis people, improved Métis health outcomes, cultural wellness, and greater Métis visibility in the health system.[29,30]
- MNBC signed an LOU with Vancouver Coastal Health in November 2022[30] and LOUs with the PHSA and Interior Health in September 2023. MNBC's partnership with Interior Health led to meaningful MNBC and Métis inclusion in Interior Health's first Indigenous Engagement Forum in February 2024.[29]
- In February 2024, MNBC's LOU with Fraser Health evolved into the new Fraser Partnership Accord (FPA) with Fraser Health and the Fraser Salish Regional Caucus of the First Nations Health Council. The FPA forms the foundation for collaborative efforts to enhance Métis and First Nations health and wellness outcomes in the Fraser Salish regions. Importantly, the FPA also enables MNBC to be part of Fraser Health's governance process, thus supporting Métis self-determination.
- In September 2024, MNBC's Ministry of Health and Wellness launched Métis Health and Wellness Plans (MHWPs) with Fraser Health, Interior Health[29] and Northern Health. MHWPs represent a collaborative approach to improving Métis health and wellness outcomes across each region. These plans represent "a strategic roadmap that builds on the existing partnership between MNBC, the regional health authority and local Métis Chartered Communities. Guided by a commitment to culturally safer and equitable care for Métis, MHWPs identify specific areas for change, outline joint actions, and envision transformative outcomes over five years grounded in cultural wellness."[31]
- Ta Saantii Mamawapowuk Métis health gatherings seek to foster Métis allies and champions among health authority staff to improve respect, awareness, and support for Métis people accessing the BC healthcare system. These gatherings bring together Métis Chartered Communities, health authority staff, and MNBC leadership for relationship-building and discussions grounded in Métis values. These partnerships are crucial to the development and implementation of culturally safe, self-determined processes for MNBC Citizens in the health system, a need identified in the *Taanishi kiiya?* baseline report.[2] Ta Saantii Mamawapowuk

Source: Métis Nation British Columbia

Métis health gatherings have been held in all health authority regions in BC.[32] More than 500 health authority staff members participated in the first year of the program.

- MNBC developed and distributed a Métis-specific health and wellness resource postcard for health authority staff working with Métis patients and their families. The postcard is intended for use when a patient self-identifies as Métis, to ensure they receive the appropriate resources and support.[29]
- In the fall of 2023, in response to Naomie's Story, MNBC established the Métis Health and Wellness Experience Circle to offer Métis individuals a safe space to share their experiences and truths (see page 91 for more information).

> *[Ta Saantii Mamawapowuk Métis health gatherings] held in each provincial health region have achieved impressive success and engagement, with an overall satisfaction rating of 92% from Métis Chartered Community members and 89% from Health Authority staff.*
>
> – Métis Nation British Columbia[32]

PRIORITY #4
COLLABORATIVE, ROBUST, SELF-DETERMINED MÉTIS HEALTH INFORMATION SYSTEMS

> RECOMMENDATION 4

Develop and implement culturally safe, self-determined processes that facilitate robust data collection to monitor the health and wellness of all Métis people living in BC. This must include upholding Métis data governance standards, and accurate identification of registered MNBC Citizens and self-identified Métis people within provincially held datasets.

Recommendation #4 Update

- The Métis Data Governance Committee (MDGC) works to uphold Métis data governance standards in BC and is responsible for safeguarding and overseeing access to and use of the Métis cohort. The MDGC has eight voting members (all MNBC Citizens): seven regional representatives and one 2SLGBTQQIA+ representative. The MDGC is co-chaired by two non-voting members, MNBC's Minister of Health and Wellness and Minister of Digital Government. MNBC has created two new internal health research positions and a Knowledge Gathering Protocol to support this work.
- The Métis Population Health Program (MPHP) is a culturally safe, self-determined program initially developed by MNBC in partnership with the BC Ministry of Health. The MPHP facilitates increasingly robust data collection to monitor the health and wellness of MNBC Citizens in BC who are registered with MNBC and who consent to have their data included in the program. In 2024, MNBC revised the consent process for MPHP data collection from an opt-out to an opt-in system to ensure a fully informed process for MNBC Citizens in BC to include or exclude their data.
- As part of their December 7, 2023, LOU supporting the MPHP reporting series, MNBC and the OPHO agreed to continue to "champion Métis data governance principles in public health data" and "advance the Métis health data governance structure supporting the health and wellness of Métis people within British Columbia."[33(p.3)]
- MNBC has established data linkages and LOUs with health sector organizations and data holders such as BC Cancer. In addition, MNBC is building research and data partnerships with organizations such as the BC College of Nurses and Midwives, the BC Indigenous Research Chair in Nursing, and the University of Calgary's Indigenous dementia care research project.

Source: Métis Nation British Columbia

Métis Nation British Columbia Updates

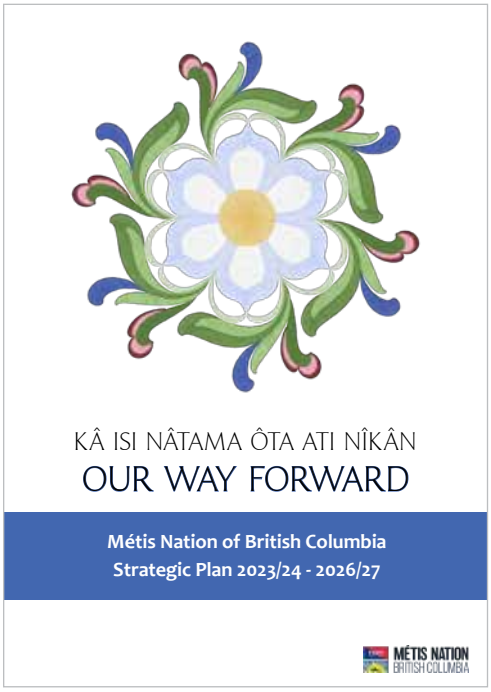
Since the release of the *Taanishi kiiya?* baseline report, MNBC has continued its work to meet the needs of Métis people in the province. MNBC Citizenship increased from approximately 22,000 Citizens in 2021[2(p.4)] to more than 31,000 in 2025.[35] Métis people in BC benefit from a wide range of MNBC programs and services in areas such as health care,[36,37] housing,[38,39] child care,[40] access to food,[41,42] education,[43] and Michif language learning.[44,45,46] While some programs are for registered MNBC Citizens, MNBC works to build a strong, united, and inclusive Métis Nation in BC, and to advance health, wellness, and access to culture and community for all Métis people in the province, including those who self-identify as Métis but are not MNBC Citizens. Critical pieces of this work include promoting healing for residential school survivors[47,48] and increasing representation and acceptance of Métis people who identify as 2SLGBTQQIA+.[49,50] This work includes the creation and election of the MNBC 2SLGBTQQIA+ BC Chair and Provincial Governance Council,[52,53] the first of its kind in Canada.

> *"The Métis have been known as 'Otipemisiwak': 'the people who govern themselves,' and our Indigenous right to self-determination is core to our Métis identity, both culturally and politically."*
>
> *– Métis Nation British Columbia*[34(p.11)]

As discussed earlier in this chapter, MNBC works extensively with the PHSA and BC's regional health authorities to promote Métis cultural wellness and culturally safe healthcare services for Métis people,[29,30] with the goal that each health authority will directly fund MNBC positions. This work has included hiring Métis Health Experience Advocates, Métis Health Systems Advocates, Regional Health Coordinators, Regional Mental Wellness Coordinators, and Harm Reduction Coordinators to support Métis mental health and positive healthcare experiences for Métis people across the province. In 2024, MNBC launched the Essential Medical Travel Assistance Program to support MNBC Citizens with the costs of medical travel.[n]

Broader initiatives like the Métis Speaker Series[54] and the Amelia Douglas Institute for Métis Culture and Language (https://ameliadouglasinstitute.ca/about), founded in 2022, raise awareness of Métis identity and heritage, benefiting Métis and non-Métis people alike. Also in 2022, MNBC, the Métis Nation of Greater Victoria Association, and the Greater Victoria School District co-developed the first Métis education agreement in Canada to provide culturally relevant education and early learning services to Métis children and families in the Capital Regional District.[43] MNBC has also developed a Métis Justice Strategy;[55] hosted gatherings both to bring diverse Métis people together in community and to support specific populations (e.g., Girls Gatherings,[51] Two-Spirit Gatherings,[49] Harm Reduction Gatherings[58]); and invested in properties across northern BC for affordable housing, Métis Centres, and associated programming.[56,57,59]

n The Essential Medical Travel Assistance Program is time-limited as it is not currently supported with renewable funding.



The changing needs of MNBC Citizens in BC are reflected in MNBC's strategic plan for 2023/24–2026/27, *Kâ Isi Nâtama Ôta Ati Nîkân: Our Way Forward.*[34] Among other priorities, this plan outlines the following strategic goals for MNBC:

1. Promote Métis rights and recognition, and achieve jurisdiction of our children.
2. Promote cultural revitalization and cultural wellness.
3. Pursue socio-economic reconciliation.
4. Support Métis Chartered Communities.
5. Generate core capacity, infrastructure, and economic development.
6. Develop and restore respectful relationships and partnerships.[34]

Conclusion

As this chapter demonstrates, there have been substantial developments in Métis health and wellness in BC since the 2021 baseline report was launched. Many of these developments have been fuelled by MNBC's work to improve the lives of MNBC Citizens and all people in BC who self-identify as Métis—including through increased self-determination and cultural wellness for Métis people. This includes MNBC's deepening partnership with the Province of BC, which continues to progress, strengthening governance structures and increasing Métis-specific recognition under DRIPA.

There is still room for improvement. In terms of MNBC's relationship with the Province of BC, greater investments are needed to build capacity, clarify processes, create accountability mechanisms, and expand the relationship across BC government ministries. For Métis individuals, families, and communities, mental health and wellness remains an area of great concern. The following chapter explores the context of and factors contributing to declining Métis mental health and wellness in the province. The goal is to illuminate underlying causes so MNBC and its partners can continue to improve mental health and wellness supports for Métis people in BC.

Chapter 3:
Understanding Changes in Métis Mental Health and Wellness

Métis traditional environmental knowledge was developed from community practices and has evolved into a unique Métis holistic worldview with distinct values and spiritual beliefs. Métis understand the environment in terms of sacred relationships that link language, tradition, and land to community spiritual, physical, intellectual, and emotional health.

– Mental Health Commission of Canada[1(p.102)]

Mental wellness for Métis people includes a sense of belonging, rights of Nationhood, and connections to Métis culture, history, traditions, and the environment.[2] As discussed in Chapter 2, Métis people in BC have reported declining mental health and wellness. This chapter introduces the social determinants of Métis mental health and wellness using a broad conceptual framework for Métis health, mental health, wellness, and cultural continuity. This chapter also discusses the history, strengths, and resilience of Métis people, the ongoing impacts of settler colonialism and systemic racism, and other factors that impact Métis mental health and wellness in BC, both positively and negatively. Métis perspectives focus on the connections between, and interrelatedness of, identity, culture, Nationhood, language, traditional knowledges, spirituality, **relationality**, and community practices, forming a unique and wholistic view of Métis mental health and wellness.[2,3,4]

Ongoing colonialism has had deep and abiding impacts on Métis people, interrupting many of the connections that underpin Métis identity, cultural wellness, and mental health. Contextualizing changes in Métis mental health and wellness requires an understanding of these colonial harms, as well as the broader socio-economic, health-related, and environmental events and crises discussed in Chapter 4. The burden of ongoing colonialism, racism, discrimination, hetero-patriarchy, and systemic white supremacy is felt and experienced by Métis people in many ways, such as through a rise in online hate during the COVID-19 pandemic,[5] lack of access to culturally safe healthcare services,[6] the detection of unmarked graves at former residential school sites,[7,8,9] and the epidemic of missing and murdered Indigenous women, girls, and 2SLGBTQQIA+ people.[10]

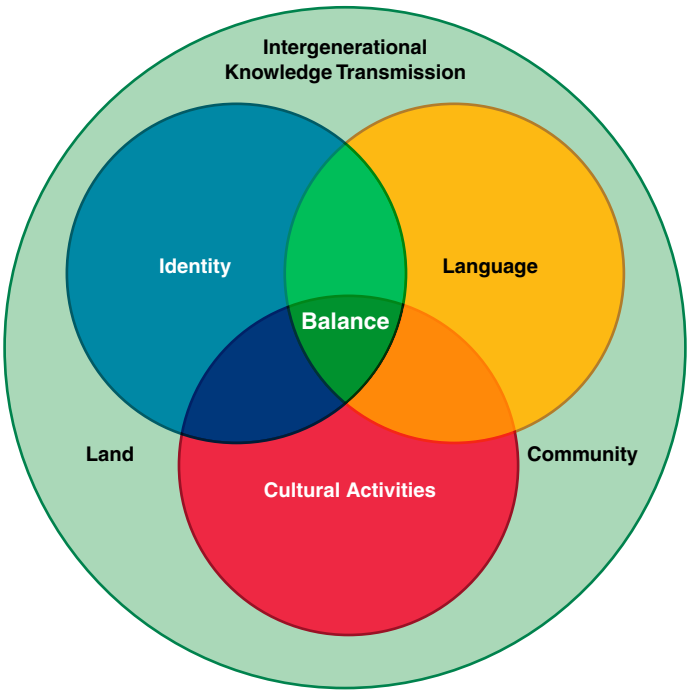
The combined weight of this colonial violence and trauma, along with the other events and crises discussed in this report, have

contributed to the marked declines in mental health and wellness for Métis people in BC. These declines—which are reflected in a variety of data sources, published literature, and anecdotal evidence[11,12,13,14,15,16,17]—must be addressed by settler-colonial systems working in partnership with the Métis Nation. The remainder of this report focuses on contextualizing and discussing Métis mental and emotional health and wellness, with particular attention to Métis women, girls, youth, and 2SLGBTQQIA+ people, whose mental health and wellness have been disproportionately affected.

Social Determinants of Métis Mental Health and Wellness

Chapter 1 introduced the social determinants of Métis health and wellness. These determinants demonstrate that social, economic, political, and cultural inequities are linked to health disparities for Métis people, and that cultural and familial connections support Métis strength and resilience, thus contributing to Métis health and wellness. The social determinants of Métis *mental* health, wellness, and well-being[o,18,19,20,21] have similar impacts. For Métis people, understanding the complexities of mental health and wellness involves centring relationality and connection, including the importance of community and

FIG 3.1 **Social Determinants of Métis Mental Health and Well-being**



Source: Auger, M. The strengths of our community and our culture: cultural continuity as a determinant of mental health for Métis People in British Columbia. *Turtle Island Journal of Indigenous Health*, 2021.[4(p.79)]

o Wellness and well-being are linked and overlapping, yet they are distinct concepts. Wellness focuses on lifestyle factors and the things a person can do to increase their own mental, physical, social, emotional, and spiritual health. Wellness is an integral component of the more wholistic concept of well-being. In addition to wellness, well-being encompasses happiness, prosperity, quality of life, life satisfaction, and how one feels overall. In Métis contexts, well-being also includes socio-political and cultural dimensions; connections to land, identity, family, community, and Nation; and collective community perspectives.

family connections, traditional knowledges, Métis values and worldviews, spirituality, culture, and connections to land.[2,3,4]

Figure 3.1 shows the interrelated components of Métis health, mental health, wellness, and cultural continuity through a broad conceptual framework developed by Monique Auger, an academic and Métis Citizen of Métis Nation British Columbia (MNBC). This framework highlights the interconnections between Métis identity, language, and cultural activities wrapped in connections to land, intergenerational knowledge sharing, and connection to community as key to creating balance, which is central to Métis understandings of mental health and wellness.[4] In this framework, Métis identity includes awareness of ancestry, history, and family stories, with spirituality woven through Métis culture and language as a part of Métis wholistic worldviews.[4]

This framework aligns with themes of connection to land, culture, ceremony, and community that emerged during a series of Harm Reduction Gatherings that MNBC hosted in 2024/25.[22] It also aligns with work by MNBC's Ministry of Mental Health and Harm Reduction on a Métis mental health and harm reduction framework. The goal of this MNBC framework is to promote fully realized mental health and wellness for Métis people in BC, inclusive of all age groups, gender identities, sexual orientations, and abilities. Reaching this goal will require accessible, culturally appropriate wraparound mental health and harm reduction programs and services for Métis people at national, provincial, and local or regional levels. To be successful, Métis mental wellness initiatives must honour individual journeys, be centred in community wisdom and rooted in the idea of culture as medicine, and empower Métis Community members through culturally safe and supportive practices.

> *Good health includes physical, mental, spiritual, and emotional well-being. So a strong nation is a healthy nation.*
>
> – MNBC Community member[23]

Métis Nationhood and Experiences of Settler Colonialism

To understand the source of the inequities discussed in this report, it is necessary to examine Métis Nationhood and the ongoing impacts of settler colonialism on Métis people and communities. The formation of a distinct Métis Nation took place long before the confederation of Canada,[24,25] with a Métis Nation flag in use by 1814.[26] Métis culture and communities flourished, relying on highly organized communal buffalo hunts, the fur trade, and small subsistence farms, or "rangs," along the riverbanks in the Red River Valley.[24] Métis trade routes spanned much of the territory now known as Canada, and Métis traders were active in what is now BC as early as the 1790s.[27] Métis people established strong and extensive kinship networks across the northwest and into BC.[28] Some historical accounts place Métis families in the Kootenay region by about 1800[29] and speak to longstanding Métis connections to more northern communities such as Tête Jaune Cache[29,30] and Kelly Lake.[31] Métis communities developed collective

cultural practices and belief systems, as well as sophisticated artistic and creative traditions.[24,32] For example, Métis people are still renowned for their skilled and lively musicianship and intricate flower beadwork.[32]

The Métis Nation was deeply impacted by Canada's expansion into the Northwest beginning in the late 1800s. The federal government ignored customary Métis title to the land and used police and military force—along with the greater presence of Euro-Canadian settlers—to secure and control more land.[24] By the late 19th century, the Canadian government had begun forcibly removing Métis people from their lands through a series of settler-colonial policies, practices, and institutions intended to disrupt and dismantle Métis relations to land and family.[24] Critical moments of unified action in Métis history—including the Red River Resistance and the Métis Nation's pivotal role in the creation of the province of Manitoba[33]—demonstrate that the Métis have consistently worked to safeguard their Nationhood and their rights in the face of colonial violence and erasure. The occupation of Manitoba by Canadian government forces in 1870 has been described as "a reign of terror" against the Métis Nation.[34] This settler-colonial aggression toward Métis people continues to have implications for Métis health and wellness—including mental health and wellness—to this day.

Métis Relations to Land: Métis Scrip and the "Road Allowance People"

The *Manitoba Act*, *1870* promised 1.4 million acres of land to Métis people to bring Manitoba into Confederation and resolve land claims by extinguishing Métis Aboriginal title. The federal government failed to fulfil this promise, and in the decades that followed it introduced the deeply flawed **scrip** system, marked by delays, complex bureaucratic requirements, and widespread fraud. Although presented as a way to support Métis entitlement to parcels of land, scrip was a predatory practice that separated Métis people from their lands and further dismantled Métis communities.[35,36] Redeeming scrip "land vouchers" often broke apart Métis families or required them to relocate far from their home communities.[24,37] In 2013, the Supreme Court of Canada recognized that the federal government had failed to fulfil its promises to the Métis and acknowledged the broader context of Métis dispossession as "a sorry chapter in our nation's history."[36]

The ongoing displacement of Métis people resulted in Métis families and communities settling in rural areas and on Crown land that had been set aside for the creation of roads; these were known as "road allowances." Displaced Métis families and communities became known as the "Road Allowance People" or "the forgotten people."[24] Road Allowance communities relied on their shared culture and Métis ways of being and knowing to survive, sustain joy, and maintain community connections.[39] However, many Métis communities were dispersed; hunting and other harvesting activities were disrupted; and many Métis people faced economic hardship and socio-economic marginalization. By the mid-20th century, Road Allowance communities were destroyed and replaced by settler-colonial developments.

Métis Familial Relations: Forced Removals and Disruptions

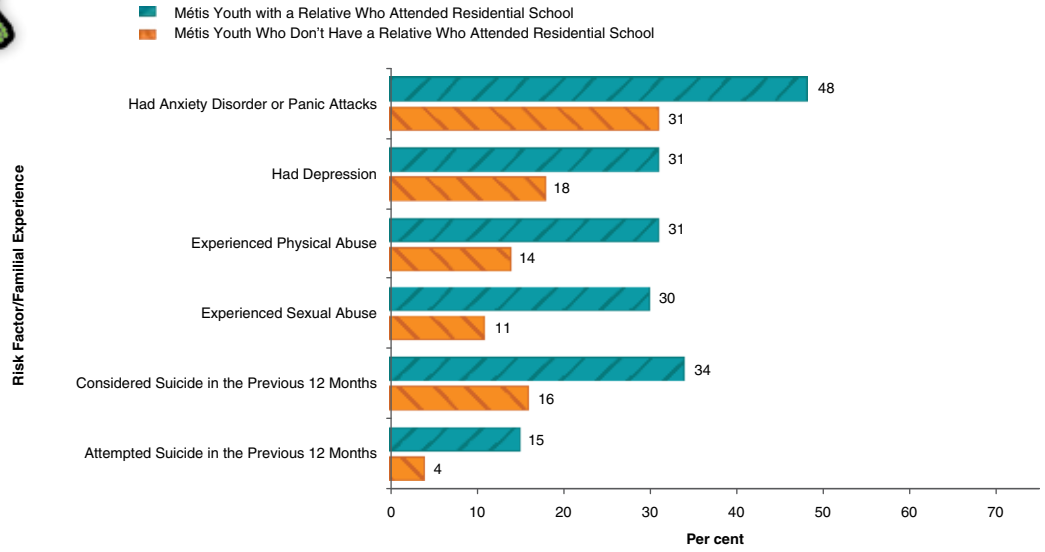
In 1876, the federal government passed the *Indian Act*, which created and funded the residential school system for the purpose of removing First Nations, Métis, and Inuit children from their lands, families, communities, and cultures. The residential school system was a core strategy in the intended genocide and assimilation of Indigenous Peoples.[40] Many Métis children were torn from their homes and communities and forced to attend residential schools.[41] As many public schools did not allow Métis students, Métis children were also sent to day schools, mission schools, convent schools, and other types of industrial and boarding schools, many of which were not included in the investigations and reports of the Truth and Reconciliation Commission of Canada.[42,43,44] Although Métis attendance at these schools was not always well documented,[42,44] it is clear that in many of these institutions, Métis children were subjected to physical, emotional, and sexual abuse and were shamed for their language and culture.[41,42,44]

Despite increasing awareness of the harms of the residential school system,[45,46,47] Métis people have largely been excluded from compensation, supports, and recognition of the significant intergenerational impacts on Métis people, culture, and communities. In the mid-1900s, the Métis "Silent Generation" hid their Métis identity to protect themselves and their families from harassment and persecution. However, the need to shelter from the ever-present threat of discrimination also furthered the erasure of Métis culture and identity. MNBC has identified the need to raise awareness of who the Métis are and has also emphasized the resulting anxiety and exhaustion Métis people face in having to explain themselves repeatedly. Métis people often face funding gaps for mental health services, as federal funding focuses largely on First Nations populations and excludes Métis populations.[48] For example, the Métis were excluded from the original Indian Residential Schools Settlement Agreement. In BC in 2024, Métis people were made ineligible for mental health supports funded by Indigenous Services Canada.[49,50] As a result, Métis intergenerational survivors of residential schools and other colonial trauma are unable to access supports and compensation offered to Status First Nations survivors in BC, which perpetuates further inequities and harms.

ÎLE-À-LA-CROSSE SCHOOL

On March 4, 2025, the federal government signed an Agreement in Principle recognizing the Île-à-la-Crosse school in northern Saskatchewan, which operated from January 1, 1860, to December 31, 1976, as a residential school. The agreement states that survivors of the Île-à-la-Crosse school faced cultural loss and abuse and so deserve restitution for harms, even though they had previously been excluded under the Indian Residential Schools Settlement Agreement.[51] Recognition of the Île-à-la-Crosse school is significant for the Métis Nation, as a large proportion of its students were Métis children. Survivors of the Île-à-la-Crosse school—who now live across North America, including in BC—joined forces to fight for the school's recognition.[52,53]

FIG 3.2 **Risk Factors and Familial Experience of Residential School Among Métis Youth, Age 12–19, BC, 2023**



Notes: "Métis" includes youth who self-identified as Métis. See Appendix B for more information.
Source: McCreary Centre Society, BC Adolescent Health Survey, 2023. Prepared by Population Health Surveillance and Epidemiology, BC Office of the Provincial Health Officer, BC Ministry of Health, July 2025.

Residential school attendance is associated with a wide variety of harms, not only for the survivors themselves, but also for their families and communities.[40] Although the last residential school in Canada closed in 1997,[p,54] the intergenerational impacts are still being felt. As Figure 3.2 shows, Métis students with a relative who attended residential school are much more likely to have an anxiety disorder, panic attacks, or depression; to have experienced sexual or physical abuse; and to have considered or attempted suicide in the previous 12 months.

Source: Métis Nation British Columbia

p In a 2019 court ruling, Kivalliq Hall in Ranklin Inlet, Nunavut, met the eligibility requirements for recognition as an Indian Residential School. Kivalliq Hall was the last residential school to close in 1997. Sources published before 2019 may reference 1996 as the year the last residential school in Canada closed.

> *The unique position of Indigenous youth … can best be described as Standing at the Crossroad. You see on the one hand we as Indigenous youth are seeing our communities come together to share our stories—to pass on generations of knowledge, stories, and of ceremonies. On the other, however, we see the Elders and Survivors of residential schools reliving the trauma that comes with every announcement of more unmarked graves being found. It is in this crossroad that we as Indigenous youth see, hear, and honour the truth of what has happened. It is where we stand, making the commitment to ensure that the history and legacy of residential schools is not forgotten. It is also where we stand in ensuring that it never happens again.*
>
> – Benjamin Kucher, Métis youth, Young Warriors Submission on Missing Children and Unmarked Graves and Burial Sites associated with Indian Residential Schools[55(p.356)]

Even as the residential school system waned, the apprehension of Métis children, sanctioned by the Canadian state, continued through the child "welfare" system. The terms "Sixties Scoop" and "**Millennium (or Millennial) Scoop**" refer to an ongoing pattern—which actually began in the 1950s and has continued into the 21st century[38]—of removing First Nations, Métis, and Inuit children from their families and adopting them out, largely to white North American families, where many have been subjected to abuse, neglect, and forced assimilation to Euro-Christian values.[56] These targeted child apprehensions have resulted in more Indigenous children in government care now than at the peak of the residential school system.[56]

MÉTIS CHILDREN IN THE CHILD WELFARE SYSTEM

In 2021, Statistics Canada reported that while Métis children accounted for 2.3 per cent of all children in Canada, they made up 7.2 per cent of children in foster care.[56] In BC the same year, the rate of Métis children in foster care was 14.9 per 1,000 (1.49 per cent), compared with 1.3 per 1,000 (0.13 per cent) for non-Indigenous children.[56]

In 2023, MNBC Citizens unanimously passed a resolution directing MNBC to seek control over the jurisdiction of Métis children and youth in the child welfare system, including the development of Métis child protection laws.[57,58] This is a monumental change that Métis families and governments have been fighting for: the return of Métis children to Métis homes and Communities.

A further aspect of targeted apprehensions of Métis children has been enacted through the "birth alert" system. Birth alerts were

supposedly intended to protect the babies of "unfit parents": hospital staff would issue birth alerts to child protection services prior to the birth of the child.[59] However, birth alerts were frequently used to help authorities apprehend babies from First Nations, Métis, and Inuit parents, and were deemed both unconstitutional and illegal before the Province of BC announced an end to the practice in 2019.[59,60] The healthcare system has also infringed upon the reproductive rights of Métis women and people with a uterus through forced and coerced sterilization.[61] Recent accounts indicate that forced or coerced sterilization of Métis and other Indigenous women in Canada has occurred as recently as 2019.[24,62,63]

> *There was always stigma attached to being Métis, so I did not tell anyone. I felt like I could not fit in being First Nations or European. I was not accepted by either… I feel hopeful about reclaiming my culture and being accepted for who I am and learning and growing in my culture now. I have been connected to the Métis community now for four months thanks to you and your program.*
>
> – MNBC Community member[23]

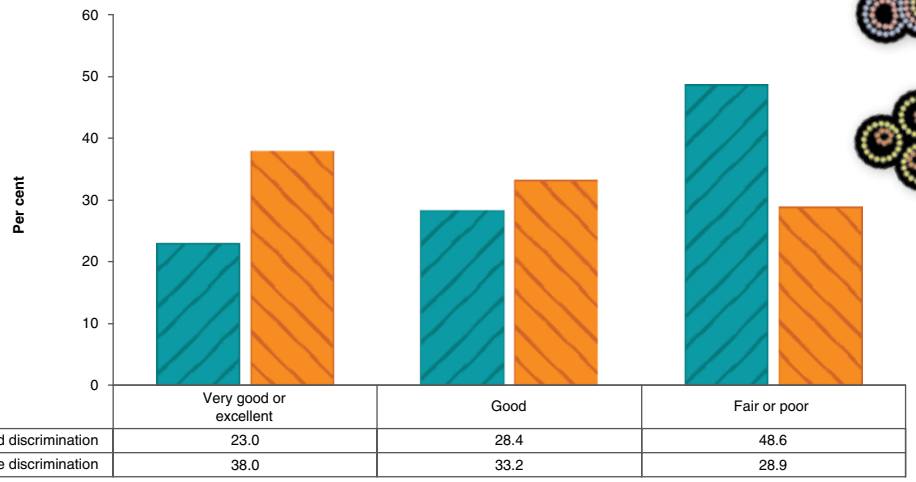
Racism and Discrimination

Métis experiences of settler colonialism highlight how the nation of Canada is built on—and continues to perpetuate—racism, discrimination, systemic white supremacy, and patriarchy through its laws, policies, practices, norms, values, and institutions. This is known as systemic racism.[64,65] For Métis people, systemic racism encompasses the impacts of racism and discrimination on the individual and the community. Within Métis culture, individual and collective experiences cannot be separated from one another, and racism and discrimination are lived experiences being perpetrated against "individuals, communities and nations through interactions with people and structures in everyday life."[64(p.244)] Many Métis people have reported feeling uncomfortable or unsafe disclosing their Métis identity due to fear of discrimination.[64]

INTERSECTIONAL OPPRESSION

European settlers used the violence of racism, discrimination, colonialism, and systemic white supremacy against Indigenous Peoples and other marginalized populations, including enslaved Black people trafficked to these lands, indentured Chinese labourers, women and girls, 2SLGBTQQIA+ people, people with disAbilities, and people from varying cultural, ethnic, and racialized populations. Canadian society continues to use racism, discrimination, colonialism, patriarchy, and systemic white supremacy to oppress marginalized populations, and the burden of this oppression is often greater for those who experience marginalization based on multiple aspects of their identities (e.g., Two-Spirit Métis women).[66,67] This concept—known as **intersectionality**—is discussed further in Chapter 5.

FIG 3.3 **Self-rated Mental Health by Experience of Discrimination, Métis, Age 15+, BC, 2022**



	Very good or excellent	Good	Fair or poor
Experienced discrimination	23.0	28.4	48.6
Did not experience discrimination	38.0	33.2	28.9

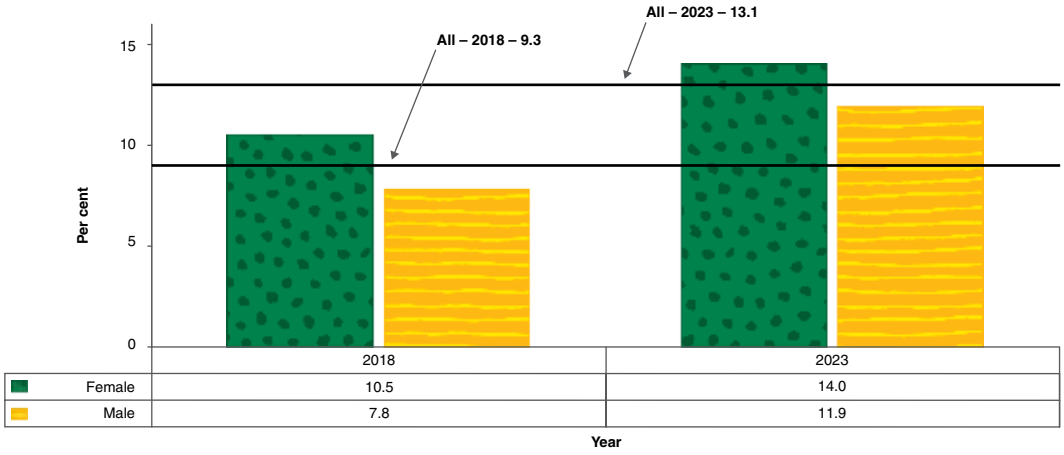
Mental Health

Notes: "Métis" includes respondents who self-identified as Métis. Self-rated mental health refers to an individual's own assessment and description of their mental well-being. Respondents were asked whether they had experienced discrimination based on their Indigenous identity in a store, bank, or restaurant in the previous five years. See Appendix B for more information.
Source: Statistics Canada, Indigenous Peoples Survey, 2022, custom tabulation. Prepared by Population Health Surveillance and Epidemiology, BC Office of the Provincial Health Officer, BC Ministry of Health, May 2025.

Figure 3.3 shows the self-rated mental health of Métis people age 15 and older who have and have not experienced discrimination in the past five years based on their Indigenous identity. This demonstrates a clear association between experiences of discrimination and poorer mental health outcomes. Among those who reported experiencing discrimination based on their Indigenous identity, 48.6 per cent rated their mental health as "fair" or "poor" in 2022, compared to 23.0 per cent who reported their mental health as "very good" or "excellent."

Source: Métis Nation British Columbia. Photo by David Aguilar.

FIG 3.4 **Experienced Racial Discrimination in the Past 12 Months, Métis Youth, Age 12–19, by Sex, BC, 2018 and 2023**



Notes: "Métis" includes youth who self-identified as Métis. "Racial discrimination" refers to reported experiences of discrimination based on race, ethnicity, or skin colour in the previous 12 months. See Appendix B for more information.
Source: McCreary Centre Society, BC Adolescent Health Survey, 2018, 2023. Prepared by Population Health Surveillance and Epidemiology, BC Office of the Provincial Health Officer, BC Ministry of Health, June 2025.

Figure 3.4 shows the percentage of Métis female and male[q] youth age 12–19 in BC who reported having experienced racial discrimination in the previous 12 months in 2018 and 2023. As this figure shows, both female and male youth experienced high rates of racial discrimination, and these rates increased substantially between 2018 and 2023. In 2018, 10.5 per cent of Métis female youth reported experiencing racial discrimination in the previous year; this increased to 14.0 per cent in 2023. While Métis male youth reported lower overall rates of racial discrimination, they also reported a proportionally higher increase in experiences of racial discrimination—from 7.8 per cent in 2018 to 11.9 per cent in 2023.

Ongoing racism, discrimination, and colonial power structures are the root causes of the collective trauma resulting from residential schools, the Sixties Scoop, the Millennium Scoop, and other institutions built on systemic racism.[40,41,68] This systemic racism is so deeply embedded in policies, processes, expectations, and everyday decision-making that it has shaped entire systems for generations, making it difficult to unwind the harm.[68] These systems have criminalized and harmed Métis and other Indigenous Peoples in ways that continue to be felt today.[40,41,68] This harm is reflected in inequitable child welfare removals, culturally unsafe adoption practices, and systemic barriers in the justice system that contribute to the over-incarceration of Indigenous people.[40,68] It is also apparent in culturally unsafe experiences in health care and social services,[6] as well as the oppression and marginalization of Métis women, girls, 2SLGBTQQIA+ people, and people with disAbilities. These traumas are repeatedly reactivated by lived experiences of systemic

q MNBC and the OPHO wish to explicitly acknowledge and include people of all sexes and gender identities. However, many of the data sources used in this report are limited by harmful and exclusionary notions of sex and gender as a binary (female and male). The project partners are committed to seeking and using more inclusive quantitative and qualitative data where possible in this and future reports. See Chapter 5 for a specific focus on the mental health and wellness of Métis 2SLGBTQQIA+ people.

and interpersonal racism and by events such as the discoveries of the unmarked graves of children at former residential school sites across BC and Canada.[69] It is important to continue to talk about historical and ongoing settler-colonial policies, practices, and institutions and their negative impacts on Métis people. It is the responsibility of all people in BC and Canada to learn and understand these truths to work toward true reconciliation.

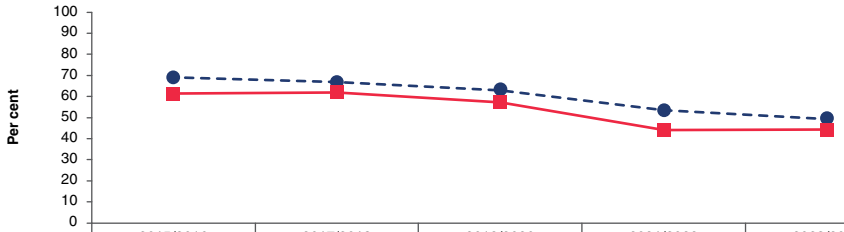
Changes in Métis Mental Health

The next four charts (Figures 3.5 to 3.8) illustrate the substantial declines in self-rated mental health among Métis people in BC in recent years.

Figure 3.5 shows decreases in self-rated mental health for Métis and non-Indigenous people in BC, age 18 and older, from 2015/2016 to 2023/2024. As this figure shows, the percentage of people reporting very good or excellent mental health decreased in both populations but was consistently lower for Métis compared to non-Indigenous people. Among non-Indigenous people, this percentage declined from 69.1 per cent in 2015/2016 to 49.4 per cent in 2023/2024, while among Métis people it declined from 61.5 per cent to 44.3 per cent over the same period. Both populations experienced more pronounced declines in self-rated mental health after 2019/2020, possibly coinciding with the COVID-19 pandemic, although the Métis rate appears to have leveled out since 2021/2022. COVID-19 is known to have had substantial mental health impacts, as discussed in Chapter 4.

> *I start to cry because I feel ridiculous about how much hurt I have in my heart, for putting myself through so much toxic situations.*
>
> – Naomie Gladue[73]

FIG 3.5 **Self-rated Mental Health, Very Good or Excellent, Métis and Non-Indigenous Populations, Age 18+, BC, 2015/2016 to 2023/2024**

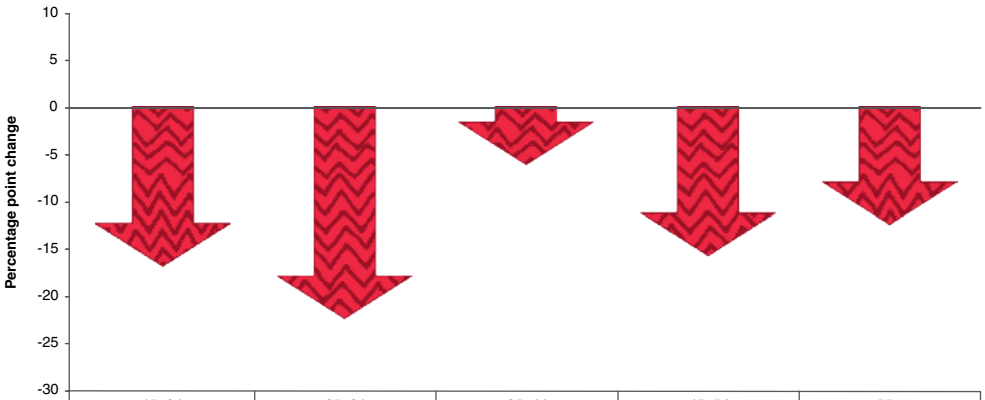


	2015/2016	2017/2018	2019/2020	2021/2022	2023/2024
Métis – Per cent	61.5	62	57.1	44.2	44.3
Non-Indigenous – Per cent	69.1	66.8	62.9	53.5	49.4
Métis – Count	42,800	46,400	38,500	36,000	28,300
Non-Indigenous – Count	2,339,700	2,335,300	2,311,800	2,107,000	2,119,500

Year

Notes: "Métis" includes respondents who self-identified as Métis. "Non-Indigenous" includes respondents who did not self-identify as Indigenous (First Nations, Métis, or Inuk (Inuit)). Self-rated mental health refers to an individual's own assessment and description of their mental well-being. Census population counts were used to produce the population projection counts. Rates are based on two-year aggregated annual survey samples. See Appendix B for more information.
Source: Statistics Canada, Canadian Community Health Survey. Table 13-10-0926-01 Health indicators for First Nations people living off reserve, Métis and Inuit, by region and sex, two-year period estimates. Prepared by Population Health Surveillance and Epidemiology, BC Office of the Provincial Health Officer, BC Ministry of Health, December 2025.

FIG 3.6 Change in Those Reporting Very Good or Excellent Self-rated Mental Health, Métis, Age 15+, by Age Group, BC, 2017 to 2022

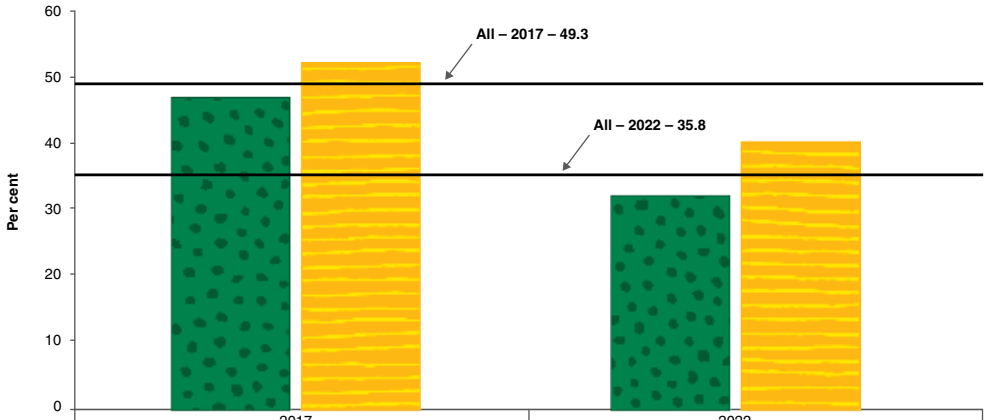


	15–24	25–34	35–44	45–54	55 +
% change	-16.8	-22.3	-6.1	-15.7	-12.4

Age Group

Notes: "Métis" includes respondents who self-identified as Métis. Self-rated mental health refers to an individual's own assessment and description of their mental well-being. This chart illustrates the absolute change in percentage points from 2017 to 2022 in the proportion of respondents who reported having very good or excellent mental health. The rates for the 15-24, 25-34, 35-44, and 45-54 age groups should be interpreted with caution due to high sampling variability in the age groups for 2022 that were used in the difference calculation. The rates for 2017 in these age groups were fully reportable. See Appendix B for more information.
Source: Statistics Canada, Indigenous Peoples Survey, 2017 (Table 41-10-0021-01 Self-perceived mental health) and 2022 (Table 41-10-0067-01 Self-perceived mental health). Prepared by Population Health Surveillance and Epidemiology, BC Office of the Provincial Health Officer, BC Ministry of Health, March 2025.

FIG 3.7 Self-rated Mental Health, Very Good or Excellent, Métis, Age 15+, by Sex, BC, 2017 and 2022



	2017	2022
Female	46.9	31.9
Male	52.0	40.1

Sex

Notes: "Métis" includes respondents who self-identified as Métis. Self-rated mental health refers to an individual's own assessment and description of their mental well-being. See Appendix B for more information.
Source: Statistics Canada, Indigenous Peoples Survey 2017 (Table 41-10-0021-01 Self-perceived mental health) and 2022 (Table 41-10-0067-01 Self-perceived mental health). Prepared by Population Health Surveillance and Epidemiology, BC Office of the Provincial Health Officer, BC Ministry of Health, March 2025.

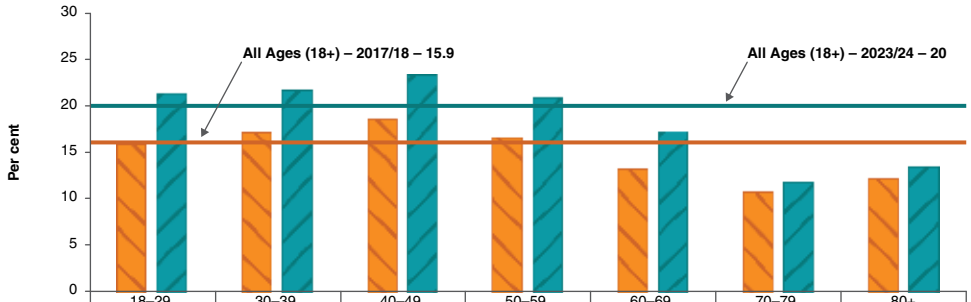
Figure 3.6 shows the change from 2017 to 2022 in the percentage of Métis people in BC who reported very good or excellent mental health, by age group. As this figure shows, all age groups experienced a substantial decline in the proportion of respondents reporting very good or excellent mental health, with young adults age 25–34 showing the largest decline (22.3 percentage points), followed by youth age 15–24 (16.8 percentage points) and adults age 45–54 (15.7 percentage points). These are significant declines. For young adults, the 22.3-point drop represents an approximately 43 per cent relative decrease in positive mental health from 2017.

Figure 3.7 shows the percentage of Métis people in BC, age 15 and older, who reported "very good" or "excellent" mental health, by sex, in 2017 and 2022. As this figure shows, fewer males and females reported "very good" or "excellent" mental health in 2022. In 2017, 52.0 per cent of Métis males reported "very good" or "excellent" mental health; this decreased to 40.1 per cent in 2022. The drop among females (from 46.9 per cent reporting "very good" or "excellent" mental health in 2017 to 31.9 per cent in 2022) was more pronounced, leading to a widening gap in mental health status between Métis males and females.

Figure 3.8 shows the prevalence of mood and anxiety disorders by age group for MNBC Citizens age 18 and older in 2023/24 compared to 2017/18. As this figure shows, MNBC Citizens had higher rates of mood and anxiety disorders in 2023/24 in every age group, with the largest rate increase occurring among young adults: 16.0 per cent of MNBC Citizens age 18–29 had mood and anxiety disorders in 2017/18, compared to 21.4 per cent in 2023/24. Those in the oldest age groups (70–79 and 80+) were least likely to have mood and anxiety disorders and experienced the smallest rate increases.

Please see Chapter 4 for a discussion of the impacts of the unregulated toxic drug emergency, the COVID-19 pandemic, and the climate crisis on Métis mental health and wellness during this period.

FIG 3.8 **Mood and Anxiety Disorder Prevalence, Métis, Age 18+, by Age Group, BC, 2017/18 and 2023/24**



	18–29	30–39	40–49	50–59	60–69	70–79	80+
Métis 2017/18 – Per cent	16.0	17.3	18.6	16.6	13.3	10.9	12.2
Métis 2023/24 – Per cent	21.4	21.8	23.3	21.0	17.3	11.8	13.5
Métis 2017/18 – Count	631	362	401	435	257	108	37
Métis 2023/24 – Count	895	650	587	573	467	177	72

Age Group

Notes: "Métis" includes Métis Citizens registered with Métis Nation British Columbia who were 18 years or older as of March 31, 2018 (for the 2019 Métis cohort) and as of March 31, 2023 (for the 2023 Métis cohort), and who consented (opted in) to have their data included in the Métis Population Health Program. See Appendix B for more information.
Sources: BC Ministry of Health, Chronic Disease Registries and Client Roster (Release V2017, V2024); Métis Cohort 2019 and 2023 from Métis Nation British Columbia. Prepared by Population Health Surveillance and Epidemiology, BC Office of the Provincial Health Officer, BC Ministry of Health, June 2025.

MNBC Mental Health and Harm Reduction Programming

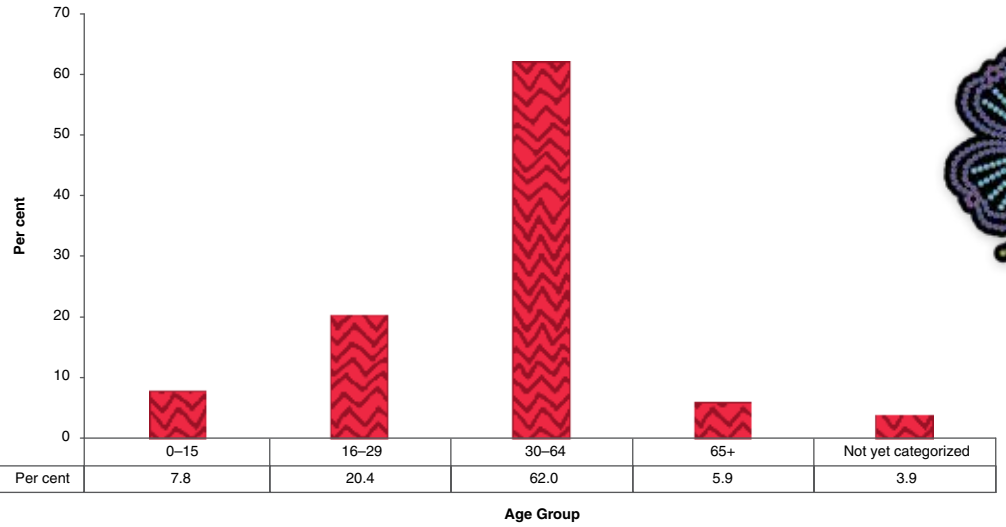
The findings presented in this chapter clearly demonstrate that the mental health and wellness needs of Métis people in BC are not being met through the mainstream, colonial health system. MNBC and Métis Chartered Communities in BC are aware of this failing and are working to fill the gaps with a range of culturally rooted wellness programs and services. However, a lack of consistent and ongoing funding for these supports is the main persistent barrier to developing and implementing effective, reliable, and self-determined programming.

MNBC supports the mental health, wellness, and resilience of Métis people in BC through programs and services such as the Métis Counselling Connection program (see Figures 3.9 and 3.10). This program is in high demand, with waitlists every quarter since it was established, but is limited by funding constraints. Reaching out for support and connecting with culture and community help to build resilience.[70,71,72] Knowing this, MNBC also offers a variety of Wellness Circles and Mental Health and Harm Reduction programs. In 2024, MNBC's Regional Mental Wellness Coordinators supported more than 550 Métis individuals with mental health system navigation, including referrals to mental health resources, Métis cultural support services, and regional health authorities.[73] From January to September 2025, MNBC's Harm Reduction Coordination Program supported 496 service requests from Métis Community members, facilitating culturally safe access to essential resources, programs, and services such as counselling, treatment, harm reduction programming, cultural supports, Chartered Communities, and Elder supports.[73]

MNBC has also focused on building capacity for mental health support in communities, through Life Promotion, suicide prevention, and suicide intervention training. Examples include safeTALK, a mental health first aid and suicide intervention course, and Applied Suicide Intervention Skills Training (ASIST) workshops.These programs promote open, respectful dialogue about mental health and wellness, provide trainees with the skills to help keep other community members safe and connect them to the services they need, and address the stigma in Métis Communities around talking about suicide. SafeTALK and ASIST have been offered to Métis people in BC through funding from the Public Health Agency of Canada and a partnership between MNBC and LivingWorks (www.livingworks.net), an organization that specializes in suicide prevention and intervention training.[74] From 2022 to 2025, Métis facilitators trained 736 individuals across the province in Life Promotion and held 51 safeTALK and 18 ASIST workshops.[73] MNBC has also developed Ooma La Michin: Here Is Medicine, a new series of online Life Promotion modules grounded in Métis values, history, identity, and community, for which sustainable funding is still required.

> *Getting help when you need it is crucial in building your resilience.*
>
> – American Psychological Association[70]

FIG 3.9 **Participants in the Métis Counselling Connection Program, by Age Group, BC, February 2021 to June 2025**

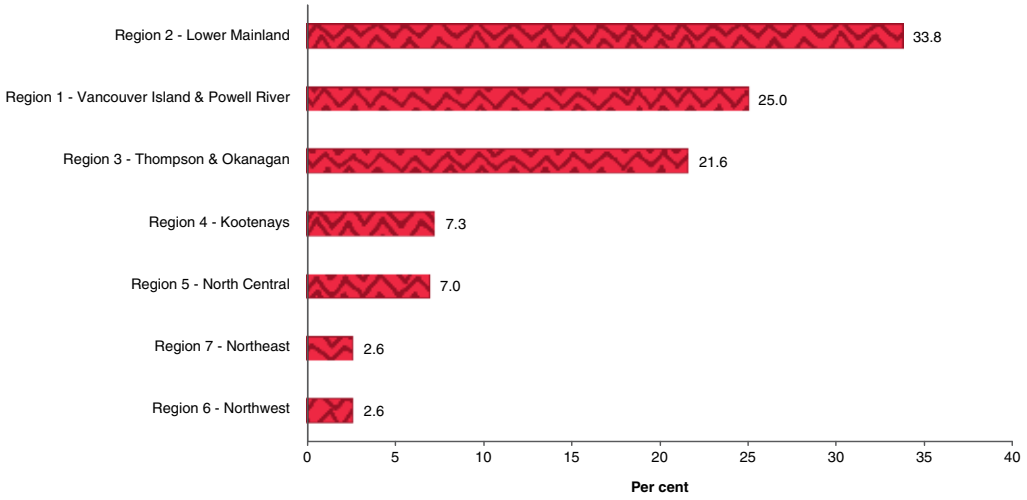


Notes: Métis Nation British Columbia (MNBC) launched the Métis Counselling Connection (MCC) program on February 17, 2021. The MCC program provides financial assistance to MNBC Citizens to access counselling and clinical services. See Appendix B for more information.
Source: Métis Counselling Connection Program Survey, Métis Nation British Columbia, 2021 to 2025. Prepared by Population Health Surveillance and Epidemiology, BC Office of the Provincial Health Officer, BC Ministry of Health, November 2025.

Figures 3.9 and 3.10 provide information about people who have accessed support through MNBC's Métis Counselling Connection (MCC) program. Despite limited resources, MCC provides funding to MNBC Citizens for counselling (individual, couples, group, and family), psychological and psychiatric testing and assessment, and substance use treatment.[75] Between February 2021 and June 2025, more than 1,200 people accessed counselling services through the MCC program. More than 100 program participants registered to address issues linked to intergenerational trauma.[76]

As Figure 3.9 shows, while the majority (62.0 per cent) of program participants between February 2021 and June 2025 were between the ages of 30 and 64, another 20.4 per cent were youth (age 16–29), 7.8 per cent were age 15 and under, and 5.9 per cent were age 65 and up. This demonstrates a need for these services among Métis people in all age groups.

FIG 3.10 Participants in the Métis Counselling Connection Program, by MNBC Region, BC, February 2021 to June 2025



Notes: Métis Nation British Columbia (MNBC) launched the Métis Counselling Connection (MCC) program on February 17, 2021. The MCC program provides financial assistance to MNBC Citizens to access counselling and clinical services. Analysis excludes records with unidentified geography. See Appendix B for more information.
Source: Métis Counselling Connection Program Survey, Métis Nation British Columbia, 2021 to 2025. Prepared by Population Health Surveillance and Epidemiology, BC Office of the Provincial Health Officer, BC Ministry of Health, November 2025.

Figure 3.10 shows the proportion of MCC program participants from February 2021 through June 2025 by MNBC region. As this figure shows, slightly more than one-third of program participants (33.8 per cent) lived in MNBC Region 2: Lower Mainland, followed by 25.0 per cent in MNBC Region 1: Vancouver Island and Powell River, and 21.6 per cent in MNBC Region 3: Thompson and Okanagan. The lowest proportions of MCC program participants lived in MNBC Regions 6: Northwest and 7: Northeast (2.6 per cent each). For additional context, the MNBC regions listed above correspond to BC regional health authorities as follows: MNBC Region 1 is the same as Island Health; MNBC Region 2 includes both Vancouver Coastal Health and Fraser Health; MNBC Regions 3 and 4 combined equate to Interior Health; and MNBC Regions 5, 6, and 7 make up the same area as Northern Health.

Additional data from MNBC indicate that the majority of MCC program participants during this time period were Métis women and girls (69.5 per cent), followed by Métis men and boys (27.3 per cent), and 2SLGBTQQIA+[r] Métis people (1.8 per cent).[s] The remaining 1.4 per cent preferred not to answer when asked their gender.[76]

Building Resilience Through Cultural and Community Connectedness

Cultural and community connectedness and connection to the land are important sources of resilience, strength, and comfort for Métis people.[77] This connectedness is about the

r 2SLGBTQQIA+ here includes survey responses of gender apathetic (aka apagender, inersgender, or anvisgender), gender non-conforming, and non-binary.

s Gender and region data are not available for all program participants. The gender and region data shown here include only those program participants who were asked for this information

Marching at Batoche
Source: Métis Nation British Columbia

Back to Batoche Days is a gathering that happens every July near Batoche, Saskatchewan, celebrating the rich heritage, resilience, and identity of the Métis Nation. The event is the largest outdoor Indigenous festival in Canada and commemorates the historic Battle of Batoche (1885).[78] The festival draws Métis people and allies from across the country for a four-day gathering that blends tradition, remembrance, and celebration.

Ceremonies honouring Métis veterans, Elders, and leaders like Louis Riel and Gabriel Dumont are central to the event. Horse races, voyageur games, and family-friendly contests add to the festive atmosphere. *Back to Batoche* is more than a cultural event—it is a spiritual and social homecoming that fosters community pride, connection, and the preservation of Métis culture. For many, it's a powerful reminder of their roots and a testament to the enduring strength of the Métis Nation.[23,79]

Memorial at Batoche
Source: Métis Nation British Columbia

Tipis at Vancouver Island Métis Rendezvous
Source: Métis Nation British Columbia

Vancouver Island Métis Rendezvous is a vibrant annual gathering that celebrates the culture, heritage, and community spirit of Métis people across BC.[80]

Hosted by the Cowichan Valley Métis Nation Association, the event brings Métis people and their families from across the province to reconnect, share stories, and pass on traditional knowledge.

The Rendezvous features Métis fiddling, jigging, traditional foods, an Elders gathering, and activities rooted in the cultural lifestyle of Métis people, such as beadwork, woodburning, archery, hide tanning, Michif language courses, and tipi-raising demonstrations. The gathering also features a youth circle that focuses on intergenerational healing grounded in culture, community, and connection. Celebration of Métis culture, Elders, and Community leaders is central to the event, reinforcing the resilience and pride of the Métis in BC.[23,80]

Watch a recap of the 2025 Rendezvous: https://www.youtube.com/watch?v=GSss7XZK8jQ

web of relationships, and about the reciprocal responsibilities that link Métis people to one another, to their families and Communities, to their non-human kin, and to the land and nature.[77] Métis culture and identity can be expressed and cultivated through events like Back to Batoche Days in Saskatchewan and the Vancouver Island Métis Rendezvous in BC (see the text box on p. 41). Gatherings such as these celebrate Métis identity, history, traditions, and culture, and help build community and belonging. MNBC and its Citizens are planning and engaging in a growing number of events and opportunities like these, as they continue working to rebuild cultural connections.

Learning and using Métis languages (e.g., the Michif variants) can also promote and strengthen resilience and a sense of Métis identity. As shown in Chapter 2, between 2018 and 2023, there was a substantial increase in the percentage of school-age Métis youth in BC who could speak at least a few words of an Indigenous language. Métis people are known for their facility with languages and have been described as "the most multilingual people in the history of Canada."[81]

According to the 2021 Census, more than 10,000 Métis people in BC reported knowing multiple languages.[82] These included English, French, Michif, several Cree languages, and additional Indigenous and non-Indigenous languages.[82] In a language survey conducted by MNBC in 2021, 17 per cent of respondents had some ability to speak, write, or understand a Métis language—most often reporting knowledge of Michif-French, Southern Michif, Northern Michif, or Cree.[83] A similar survey in 2024 found overall increases in the numbers of intermediate and advanced speakers, novice learners, and respondents who were interested in taking part in Indigenous language revitalization training.[84]

In 2023, MNBC published *The Words of Our Ancestors: An Introduction to Michif and Indigenous Language Revitalization*, a free online resource intended as "a starting point for individuals and communities looking to learn more about the different Michif languages and language learning methods."[85(p.4)] In April 2024, MNBC published *Aan Michif Piikishkwaytaak (Let's Speak in Michif): MNBC's 10-Year Michif Language Revitalization Plan* to support the revitalization of Michif languages.[86]

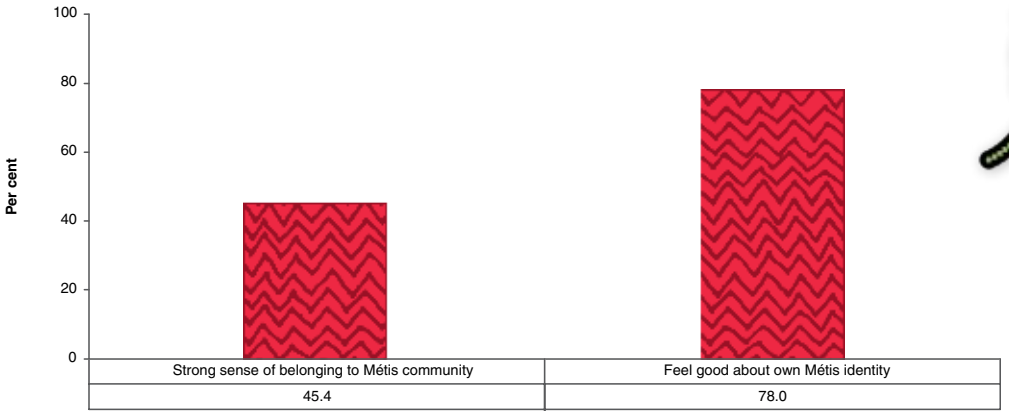
> *Instruct children to not be afraid of being Métis; wear your sash proudly and instill that pride in them.*
>
> – Participant, MNBC Anti-racism Data Legislation Community Consultations, January 2022[87(p.4)]

Engaging in traditional Métis cultural practices can also promote and strengthen resilience and a sense of Métis identity. Of Métis people in BC age 15 and older who responded to the Indigenous Peoples Survey in 2022:

- Nearly one in four (23.9 per cent) reported hunting, fishing, or trapping in the previous 12 months, and 29.2 per cent reported gathering wild plants.[88]
- More than 6,000 (about 8 per cent)* reported making clothing or footwear in the previous 12 months.[88] Note that numbers marked with an asterisk (*) should be interpreted with caution.
- More than 18,000 (22.6 per cent) reported making carvings, drawings, jewelry, or other kinds of artwork in the previous 12 months.[89]
- One-third (33.4 per cent)* of those who made clothing or footwear and 25.8 per cent of those who made carvings, drawings, jewelry, or other kinds of artwork did so for cultural reasons.[90]

Figure 3.11 shows how self-identified Métis people in BC responded to questions about their Métis identity and sense of belonging in 2022. Nearly half of Métis respondents (45.4 per cent) reported having a "very strong" or "somewhat strong" sense of belonging to the Métis Community, and 78.0 per cent reported feeling "good" or "very good" about their Métis (Indigenous) identity.

FIG 3.11 Sense of Belonging and Métis Identity, Age 15+, BC, 2022



Notes: "Métis" includes respondents who self-identified as Métis. The percentage for "strong sense of belonging" includes those who reported a very strong or somewhat strong sense of belonging to people with the same Indigenous background. The percentage for "feel good about own Métis identity" includes those who felt good or very good about their Indigenous identity. Of the Métis respondents, 18.2% had no opinion on the sense of belonging question and 15% had no opinion on the identity question. See Appendix B for more information.
Source: Statistics Canada, Indigenous Peoples Survey, 2022, custom tabulation. Prepared by Population Health Surveillance and Epidemiology, BC Office of the Provincial Health Officer, BC Ministry of Health, May 2025.

Source: Métis Nation British Columbia

Conclusion

This chapter has provided insights into both the strengths of Métis culture and Community and the harms brought by settler colonialism. In so doing, it has begun to explore the context for declining mental health and wellness among Métis people in BC. Métis people carry a considerable burden of intergenerational and colonial trauma and experiences of Indigenous-specific racism. Métis women, girls, and 2SLGBTQQIA+ people experience added layers of discrimination, which likely contributes to poorer mental health outcomes among these populations. Chapter 4 discusses how Métis mental health and wellness are also influenced by broader socio-economic, health-related, and environmental factors such as the unregulated toxic drug emergency, the COVID-19 pandemic, and the climate crisis.

Chapter 4:
BC Context

Within my family, there's been addiction as well. Siblings and [nieces], nephews. So, I'm well aware and we carry all of what we encounter. And for a long time, we ourselves, I myself, didn't understand what I was carrying... hurt. I'm sad. You want to fix. And of course, that is not where the hurt comes from. The hurt comes from generations and I would say even hundreds of years of having some of our ancestors who were isolated, hidden, had their own experiences of racism, separation, not being loved, forced to be silent, being in the schools. So, all of that, we talked about blood memory and all of that is in our blood, it goes from generation to generation.

– Participant, Métis Harm Reduction Gathering[1]

Métis health and wellness in BC must be seen within the larger context of regional and global events that impact health and wellness. Long before the publication of the baseline report in 2021, the everyday lives of Métis people and others in BC were greatly affected by events and crises such as the ongoing unregulated toxic drug emergency, the COVID-19 pandemic, and the climate crisis. Each of these has had substantial and lasting impacts on people across BC; however, Métis people have been disproportionately affected.

The Unregulated Toxic Drug Emergency

In 2016, BC declared a public health emergency related to poisonings and deaths from unregulated drugs. This is called the unregulated toxic drug emergency, also known as the opioid crisis. Since then, more than 14,000 British Columbians have died from toxic drug poisonings in BC.[2] While this number is not specific to the Métis population, Métis people in BC are affected and experience an increasing burden of harms.[3,4] Indigenous peoples have been disproportionately impacted by high levels of toxic drug poisoning due to ongoing inequities linked to settler colonialism and systemic racism, including higher levels of poverty and homelessness and discriminatory policing practices.[5,6] In the midst of the unregulated toxic drug emergency, COVID-19 and pandemic response measures, combined with the stigma and shame experienced by individuals impacted by substance use and barriers to accessible healthcare services, increased the isolation of drug users and contributed to further harms.[7]

Data show that, between 2015 and 2021, the rate of death from unregulated toxic drug poisoning increased among Métis Nation British Columbia (MNBC) Citizens in BC.[8]

However, there are challenges with Métis identification in many data sources; the Métis data cited here are incomplete and do not include all self-identified Métis people in BC. One result of the lack of access to accurate and reliable data is that Métis people are being systematically erased from and made invisible in this crisis. Barriers such as limited access to BC Vital Statistics data, limitations imposed by BC's privacy laws, and the need for stronger and more collaborative working relationships between MNBC and organizations such as the BC Coroners Service continue to impede MNBC's ability to access accurate, up-to-date information on the deaths of MNBC Citizens.

Throughout the unregulated toxic drug emergency, MNBC has taken a harm reduction approach, providing and connecting Métis people to a range of mental health and wellness services, supports, and resources.[2] This has included tracking impacts on Métis communities, reducing barriers, and "meeting people where they're at." MNBC has worked with Chartered Communities; interviewed Métis Elders, Knowledge Keepers, and individuals with lived and living experience; and held a series of Harm Reduction Gatherings in 2024 and 2025. In addition, MNBC's Métis Peer Support Outreach program (discussed further in Chapter 6) offers personalized peer support and assistance to Métis people experiencing homelessness, substance use issues, and other health concerns, with a focus on promoting meaningful connections, cultural knowledge, and healing.[9]

> *"It's important to have gatherings and circles to know that we're not alone, even though we may feel isolated in our household from other community members because they're not next door or within the same district or community. We have a community to go to and they just want us to know that. What I hope from our gatherings like this, not only today, but other ones, I'm hoping that harm is recognized as something that's not just as a user. Harm is extended way beyond that, and that's what we need to work on together. It's not just the mainstream treatments, if you will, and the mainstream fixes that ought to be in our baskets. It's the reaching out, it's connections. It's community, care, it's our culture. Culture doesn't fix us, but culture awakens something in us."*
>
> – Participant, Métis Harm Reduction Gathering[1]

In 2021, MNBC worked closely with Lifeguard Digital Health to adapt the Lifeguard App (a smartphone application) to create a Métis-forward overdose prevention tool tailored to the specific needs of Métis people—and was the first Indigenous Nation in Canada to do so.[4] The goal is to reduce harm and prevent unintentional deaths for Métis people of all ages. The Métis Lifeguard App signals first responders if an overdose occurs, issues notifications about bad drugs in the area, and provides instructions for administering naloxone (emergency medication that blocks an opioid overdose) and cardiopulmonary resuscitation (CPR). The

Lifeguard App also uses culturally sensitive imagery and language, connects users to the Métis crisis line, and provides access to MNBC-created and -identified resources for mental health and addiction treatment.[4] As of June 2025, 429 Métis individuals were using the app and it had helped save more than 112 lives.[1]

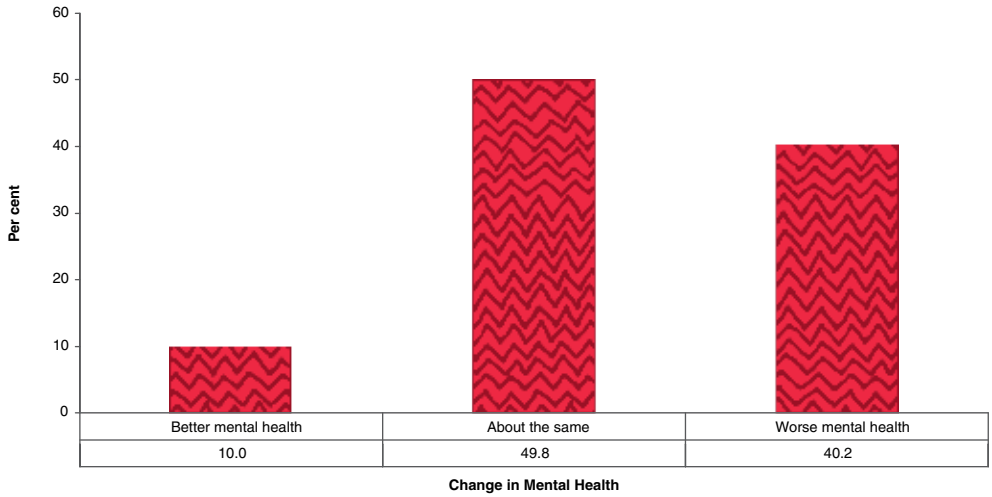
Unfortunately, more robust Métis-specific data are not available to demonstrate the full impact of the unregulated toxic drug emergency on the Métis population in BC. This gap is being actively addressed through MNBC's partnership with the Office of the Provincial Health Officer (OPHO). Data on opioid use disorder among MNBC Citizens will soon be available, representing a new milestone in the availability of distinctions-based data for Métis people, and the project partners intend to include these data in future Métis Population Health Program reports.

COVID-19

From 2020 through 2024, the world was shaken by a global pandemic: the novel coronavirus (COVID-19). The province of BC operated under a state of emergency from March 2020 through June 2021[10] and a public health emergency from March 2020 through July 2024.[11] To protect public health, BC's Provincial Health Officer, Indigenous leaders, and other officials instituted a series of response measures that included stay-at-home guidelines, social and physical distancing, wearing face masks, restrictions on gathering sizes, community checkpoints, and temporary school and business closures.[7] To address Métis-specific needs, MNBC worked with the OPHO and other partners to raise awareness, regularly produce Métis-specific COVID-19 situation reports, and share Métis-specific information and educational materials with MNBC Citizens—as well as prioritizing MNBC Citizens and Elders for vaccinations.[7] While these measures helped reduce the spread of COVID-19 and associated illness and death, both the virus itself and the public health response measures had widespread and often unanticipated societal impacts. These effects included increased violence, racism, and discrimination; employment and income instability; challenges related to housing and food insecurity, availability, and affordability; isolation from family, community, and support networks; disconnection from nature and land;[t] widespread fear and loneliness; and unsafe practices related to substance use (e.g., quantity of use, frequency of use, and use in isolation).[7,12] Each of these factors has contributed to worsened mental and emotional health outcomes for Métis people in BC, both during and after the pandemic.[7,12,13,14] However, it is important to recognize that MNBC and Métis people in BC also demonstrated innovation, ingenuity, and resilience during the pandemic, caring for one another and finding new ways to connect with culture and community (e.g., through MNBC food-sharing and distribution initiatives[7] and online games and crafting sessions[12]).

t In some cases, there were reports that the isolation experienced during the pandemic actually *facilitated* connections with land and nature, and increased appreciation of the importance of these connections for positive mental health and wellness.

FIG 4.1 **Self-rated Mental Health During the Pandemic, Métis, Age 15+, BC, 2022**



Notes: "Métis" includes respondents who self-identified as Métis. Self-rated mental health refers to an individual's own assessment and description of their mental well-being. Respondents reported on their mental health during the pandemic compared to before the pandemic. Better mental health includes mental health that was reported as "somewhat better" or "much better." Worse mental health includes mental health that was reported as "somewhat worse" or "much worse." See Appendix B for more information.
Source: Statistics Canada, Indigenous Peoples Survey, 2022, custom tabulation. Prepared by Population Health Surveillance and Epidemiology, BC Office of the Provincial Health Officer, BC Ministry of Health, May 2025.

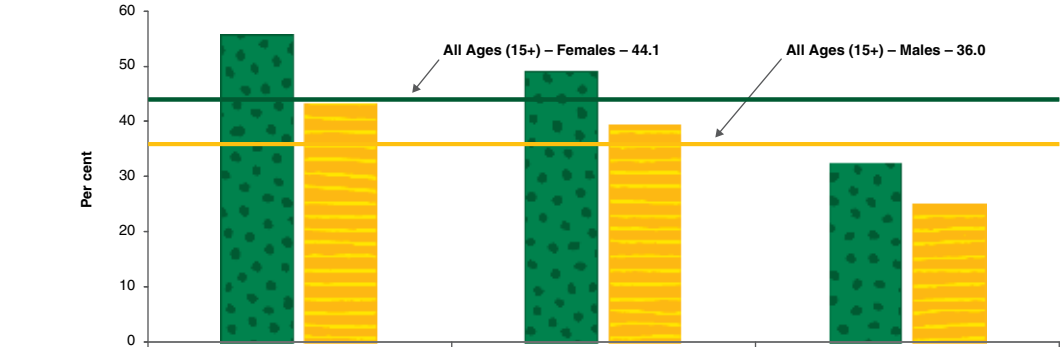
Figure 4.1 shows that a substantial proportion of Métis people in BC age 15 and older felt their mental health in 2022 (during the COVID-19 pandemic) was worse than it had been before the pandemic. As this figure shows, 10.0 per cent of respondents reported better mental health in 2022 and 49.8 per cent reported that it stayed about the same. The remaining 40.2 per cent reported that their mental health was worse in 2022 compared to before the pandemic.

This is also reflected in Figure C.1 (see Appendix C), which illustrates an increase in the incidence of diagnosed mood and anxiety disorders among MNBC Citizens in BC during the COVID period, followed by a return to pre-pandemic levels.

Figure 4.2 shows the percentage of Métis people in BC age 15 and up who felt their mental health was worse during the COVID-19 pandemic, by age group and sex. As this figure demonstrates, the impact of the pandemic on mental health decreased with age, with younger Métis people more likely to report worse mental health during the pandemic than older age groups. It also shows that, across every age group, a higher proportion of Métis females reported worse mental health than Métis males.

Figure 4.3 shows the percentage of Métis people in BC age 15 and older who self-reported a decline in their mental health during the COVID-19 pandemic, grouped by how strongly the pandemic affected their ability to meet their financial obligations. Of those who faced major or moderate financial impacts, more than half (57.2 per cent) said their mental health was worse than before the pandemic.

FIG 4.2 Those Who Reported Worse Self-rated Mental Health During the Pandemic, Métis, Age 15+, by Age Group and Sex, BC, 2022

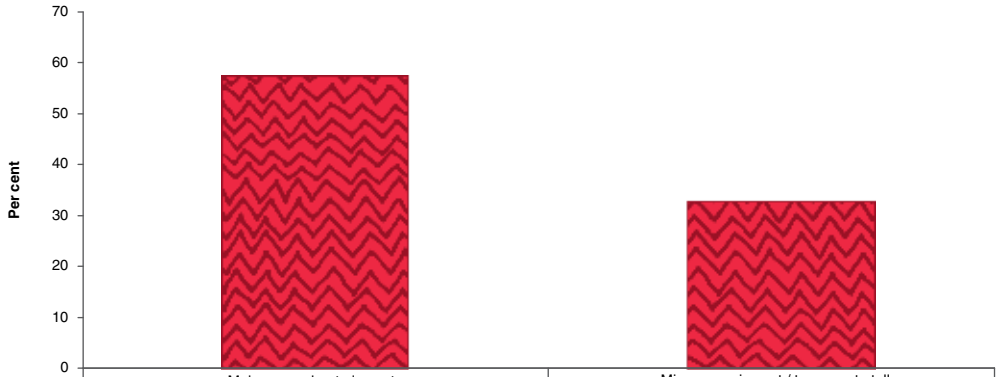


	15–24	25–54	55+
Female	55.6	49.1	32.6
Male	43.4	39.5	25.2

Age Group

Notes: "Métis" includes respondents who self-identified as Métis. Self-rated mental health refers to an individual's own assessment and description of their mental well-being. Respondents reported on their mental health during the pandemic compared to before the pandemic. Worse mental health refers to mental health that was reported as "somewhat worse" or "much worse." With the exception of "All Ages (15+)" totals for both sexes and females 55+, data should be interpreted with caution due to high sampling variability. See Appendix B for more information.
Source: Statistics Canada, Indigenous Peoples Survey, 2022, custom tabulation. Prepared by Population Health Surveillance and Epidemiology, BC Office of the Provincial Health Officer, BC Ministry of Health, May 2025.

FIG 4.3 Those Who Reported Worse Self-rated Mental Health During the Pandemic, Métis, Age 15+, by Ability to Meet Financial Obligations, BC, 2022

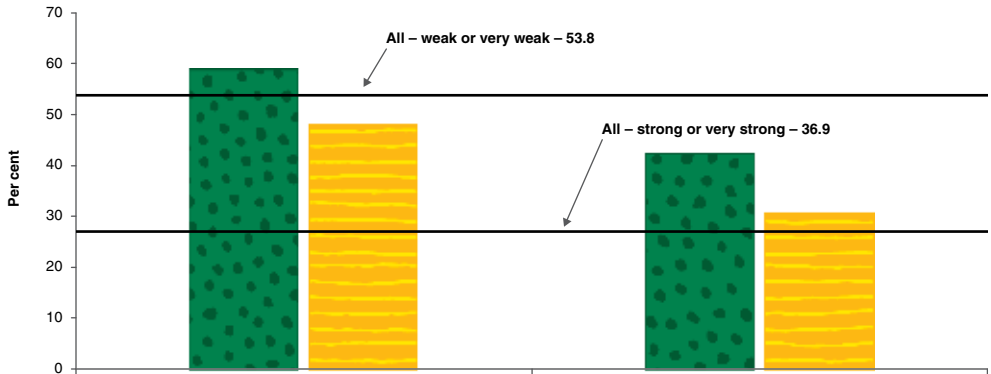


Major or moderate impact	Minor or no impact / too soon to tell
57.2	32.7

Impact on Ability to Meet Financial Obligations

Notes: "Métis" includes respondents who self-identified as Métis. Self-rated mental health refers to an individual's own assessment and description of their mental well-being. Respondents reported on their mental health during the pandemic compared to before the pandemic. Worse mental health refers to mental health that was reported as "somewhat worse" or "much worse." This analysis is based on a cross-tabulation of worsened mental health by the impact of COVID-19 on the ability of respondents to meet financial obligations or essential needs, such as rent or mortgage payments, utilities, and groceries. Percentages do not add up to 100 because this chart includes only those who reported worse mental health during the pandemic. See Appendix B for more information.
Source: Statistics Canada, Indigenous Peoples Survey, 2022, custom tabulation. Prepared by Population Health Surveillance and Epidemiology, BC Office of the Provincial Health Officer, BC Ministry of Health, May 2025.

FIG 4.4 **Those Who Reported Worse Self-rated Mental Health During the Pandemic, Métis, Age 15+, by Sex and Strength of Family Ties, BC, 2022**



	Family ties—weak or very weak	Family ties—strong or very strong
Female	59.0	42.3
Male	48.2	30.8

Strength of Family Ties

Notes: "Métis" includes respondents who self-identified as Métis. Self-rated mental health refers to an individual's own assessment and description of their mental well-being. Respondents reported on their mental health during the pandemic compared to before the pandemic. Worse mental health refers to mental health that was reported as "somewhat worse" or "much worse." This analysis is based on a cross-tabulation of worsened mental health by strength of family ties between members of the respondent's family (e.g., siblings, parents, aunts and uncles, cousins) living in their city or community but in another household. Percentages for females and males should be interpreted with caution due to a high level of sampling variability. Percentages do not add up to 100 because this chart includes only those who reported worse mental health during the pandemic. See Appendix B for more information.
Source: Statistics Canada, Indigenous Peoples Survey, 2022, custom tabulation. Prepared by Population Health Surveillance and Epidemiology, BC Office of the Provincial Health Officer, BC Ministry of Health, May 2025.

Figure 4.4 shows the percentage of Métis people in BC age 15 and older who reported that their mental health was worse during the COVID-19 pandemic, charted by sex and the strength of their family ties. As this figure shows, more than half (53.8 per cent) of those with weak or very weak family ties said their mental health was worse during the pandemic. This was the case for nearly 60 per cent of Métis females, and slightly fewer than half of Métis males. In comparison, 36.9 per cent of respondents with strong or very strong family ties reported a decline in mental health, although substantial differences by sex remained. This suggests that stronger family ties helped support Métis mental health and wellness during the pandemic, and that this protective effect was slightly stronger for Métis males than for Métis females.

The Climate Crisis

The climate crisis is an established and ongoing global phenomenon, and its impacts continue to grow.[15] BC has experienced several disastrous climate emergencies in recent years. These have included wildfires,[16] drought, floods, landslides, atmospheric rivers, and unseasonably hot temperatures, including a deadly heat dome in 2021. These weather events have had devastating effects on both human and non-human relatives, impacting many Métis communities throughout the province.[17,18] Unsurprisingly, the climate crisis continues to affect human health and wellness,[19,20] with direct impacts on the physical safety of individuals,[21] families, and communities;[16,22] food production, harvesting, and food security;[23,24] and respiratory health.[18,20] Together, these can

Source: Métis Nation British Columbia

result in mental health impacts, including climate anxiety, which disproportionately affects youth.[25,26]

CLIMATE-RELATED MENTAL HEALTH AND WELLNESS IMPACTS ON MÉTIS PEOPLE AND COMMUNITIES

- Eco-anxiety, ecological grief, eco-paralysis, overwhelm, and despair for the future (especially among Métis youth);
- Trauma from climate-induced disasters;
- Worsening of intergenerational trauma due to loss and displacement; and
- Stress caused by changes to economic stability due to climate change impacts.[25]

Métis communities have faced these climate hazards head-on, often with limited support.[27] The Métis Nation Climate Change Strategy lays out key Métis-led climate actions needed to help protect Métis health and wellness.[25]

The Government of Canada has committed to "ensuring that First Nations, Inuit, and Métis peoples have stable, long-term financing to implement their climate actions."[28(p.36)] This type of funding is critical for the health and wellness of Métis people and communities, as it allows for the meaningful incorporation of Métis knowledge into strategies, initiatives, policies, and programming to address the impacts of climate change and climate emergencies.[29,30] Métis people respect the relationship with the natural world and continue to care for the health of the earth. This was evident during the 2022 Métis Climate Resilience Gathering, which provided a space for Métis people to discuss topics such as food security, crisis planning and management, and to address mental health and cultural wellness in the ongoing climate crisis.[31]

Climate change is negatively impacting Métis people's ability to connect with the land and reducing their access to traditional foods and medicines.[18] Food security has been a long-term priority for Métis people

in BC[24] because it supports wholistic health and wellness—including mental, spiritual, emotional, and physical. Food security has been linked to good mental health and well-being, whereas food insecurity has been linked to poor mental health and mental health disorders.[24] Food is central to Métis culture and identity, and food security is an important determinant of Métis health. To address this issue, MNBC has launched initiatives such as the Home Garden Program to increase Métis food knowledge and food self-sufficiency,[32] and continues to advocate for additional programs and initiatives. Importantly, Métis perspectives on climate change, mental health, and environmental stewardship are centred around the health of the land, sustainability, and food harvesting and growing as ways to support Métis health and mental health. [18,25,29,30,31]

HEALTH EMERGENCY AND CLIMATE MANAGEMENT SUPPORT

The MNBC Ministry of Health and Wellness and MNBC Ministry of Environment, Climate Change, and Food Security are working with BC's regional health authorities to support access to health resources and financial support for Métis Chartered Communities during climate and other emergencies.[33] MNBC is a member of Fraser Health's emergency preparedness working group, which improves and streamlines communications during climate crises and emergencies to ensure prompt access to resources and supports for Métis people in BC. The model is now being adopted by other regional health authorities in BC.

Source: Métis Nation British Columbia

Conclusion

This chapter has explored the broader context for declining mental health and wellness among Métis people in BC. In addition to the burden of intergenerational and colonial trauma, Indigenous-specific racism, discrimination, and patriarchy (discussed in Chapter 3), Métis mental health and wellness continue to be influenced by the unregulated toxic drug emergency, the COVID-19 pandemic, and the climate crisis. Thus, Métis people have experienced the widespread decline in mental health seen across all populations, while also experiencing very distinct mental health impacts. Ultimately, each of the factors contributing to poorer mental health for Métis people can be traced back to ongoing settler colonialism.

Chapter 5 discusses the mental health and wellness of the priority populations identified in this report—Métis women and girls, youth, and 2SLGBTQQIA+ people—in greater detail.

Chapter 5:

Mental Health and Wellness for Métis Women, Girls, 2SLGBTQQIA+ People, and Youth

We express cultural wellness by honouring the strength, determination and traditions of our ancestors. We do this by telling our stories, using the Michif language, being on the land and practising and passing on traditions such as our music, jigging and art.

Métis culture is a beautiful continuation of the strength and resiliency of our ancestors, the joy of family connection and the passing on of the teachings and traditions of our Elders to future generations.

– Métis Nation British Columbia[1(p.10)]

Discussions about mental health, cultural wellness, violence, and substance use can feel heavy. This doesn't mean that these stories shouldn't be told. Be mindful of your own boundaries as you take in this content.

If you need to take time to practise self-care and connect with your supports, please do.

If you need crisis support, please call the **Métis Crisis Line** at

1-833-MÉTISBC (1-833-638-4722)

Métis women and girls, Métis 2SLGBTQQIA+ people, and Métis youth hold important social, cultural, spiritual, political, and economic roles within Métis Communities.[2] This chapter takes a closer look at the mental health and wellness of these populations in response to Métis-led calls for change that prioritize their needs.[2] Embracing and revitalizing Métis ways of being and knowing is important for Métis mental health, emotional wellness, and community well-being. Passing traditional knowledge, language, and culture from generation to generation is critical to reclaiming the vital roles of Métis women, girls, 2SLGBTQQIA+ people, and youth, and sustaining Métis communities.

Mental and emotional health challenges are experienced by all populations, both within and outside Métis communities. However, as discussed in chapters 3 and 4, Métis women, girls, 2SLGBTQQIA+ people, and youth have reported substantial mental health challenges and experienced disproportionate declines in mental health and wellness due to the negative impacts of settler colonialism, racism, discrimination, and gender inequity. This chapter explores these impacts as well as the restorative effects of Métis identity, culture, connections, and community.

Métis Women and Girls

Métis women were historically, and continue to be, active and equal participants and leaders in Métis political, social, and economic spheres.[4,5,6] Métis women—especially older women—are widely respected as powerful and influential Matriarchs.[4] As one Métis scholar explains, "my Métisness—and indeed that of most of the people I know who are Métis—cannot be dislocated from our maternal relations."[7(p.8)] Métis culture and kinship systems are traditionally **matrifocal**, or centred around mothers.[8] Métis communities are also traditionally **matrilineal,** where ancestry is traced through the mother's bloodline,[9] and **matrilocal**, where adult daughters tend to remain in their home communities and settle near their own families, even if they marry or have children.[9] These matrifocal foundations emphasize the central and sacred role that women and girls have always held in Métis family and community life. Métis women are the backbone of the Métis Nation: carriers of culture, givers of life, caretakers, healers, midwives, and the original keepers of lii michinn (the medicines).[9,10] This critical cultural knowledge is passed from grandmothers to granddaughters, making Métis women and girls of all ages vital links in the chain of Métis identity.[3]

> *Métis culture demonstrates high respect for women and Elders. Women have always had influential and distinct roles in Métis society and are seen as keepers of the land, law, kinship knowledge and culture. They also traditionally held a respected role in raising children alongside other family members.*
>
> – Métis Nation British Columbia[1(p.66)]

> *Métis survival relies on the transmission of cultural knowledge from the Kokums [grandmas] to the Iskwêsisisak [girls].*
>
> – Jones, Monchalin, Bourgeois, and Smylie[3(p.117)]

Source: Métis Nation British Columbia

The Métis Nation has strong spiritual and cultural ties to the buffalo, which has influenced Métis social and political structures.[11,12,13] Buffalo live in **matriarchal** family groups led by the oldest healthy female.[14,15] "[Leadership is] passed down through her oldest daughter. There's this continuing line of knowledge of day-to-day lives of the herd and we modeled our own systems around that as well. The knowledge and wisdom that our elder women have."[16]

In contrast, European political, economic, and religious systems are largely **patrifocal** (centred around fathers), **patrilineal** (ancestry is traced through the father's bloodline), and patriarchal (relating to societal and political systems controlled by men[17]). The continued imposition and reinforcement of these patriarchal norms and values—alongside colonial concepts such as male dominance, female passivity, **cis-heteronormativity**, and sexual shame—has eroded the status of Métis women[18,19] and continues to undermine the health and wellness of Métis women, girls, and 2SLGBTQQIA+ people to this day.[20,21,22,23] While the wellness of every Métis person is critically important to a strong and resilient Métis Nation, Indigenous researchers have highlighted the importance of "[centring] conversations about Indigenous health and wellness around Indigenous women's [wholistic] health and wellness."[11,24] The wellness of Métis women and girls is integral to the well-being of every Métis family and community.

Given this context, the dramatic rise in poorer mental health among Métis women and girls is particularly alarming. Although this change aligns with a Canada-wide decline in mental health status between 2017 and 2022 (as discussed in Chapters 3 and 4), there are additional factors at work here. While reduced mental health in and after 2020 is often associated with the COVID-19 pandemic, data show that declining mental health among Métis women and girls has been ongoing for more than a decade.[27,28,29,30,31] This decline has increased gaps in self-rated mental health between Métis and non-Indigenous women and girls, as well as increasing gaps in mental health status between Métis women and girls and Métis men and boys.[27,28,29,30,31]

Source: Métis Nation British Columbia

MESSAGE FROM MÉTIS NATION BRITISH COLUMBIA ON THE MENTAL HEALTH OF MÉTIS MEN AND BOYS

Although men and boys are not identified as a focus of this report, their mental health is also critical to the health and well-being of Métis families and communities. Men and boys are often expected to stay silent and strong in the face of anxiety or distress—but emotional silence isn't strength. Métis Nation British Columbia (MNBC) honours Métis men and boys and their need for culture, community, connection, and healing, and hosted two Tâpahtiyim'sowin (Humility) Métis men's gatherings in April 2025.[25] Métis men and boys may find support through talking to a friend, Elder, or Métis mental health worker, or attending an event such as the Tâpahtiyim'sowin gatherings. There is power in jigging, fishing, ceremony, and simply being out in nature. Métis sacred ways bring strength.[26]

For additional support, contact an MNBC Mental Wellness or Harm Reduction Coordinator:

- mentalwellnesscoordination@mwnbc.ca
- harmreduction@mnbc.ca

MÉTIS GIRLS GATHERINGS

> *After our Métis girls cultural retreat it was amazing to hear my daughter teach her little brother to say hello and goodbye in Michif. She asked to smudge her counsellor and the counsellor was moved to tears and they had [a] breakthrough in session. Cultural connection is key to breaking colonial concrete.*
>
> – Participant, MNBC Métis Girls Gathering, February 28–March 2, 2025[32]

MNBC's Ministry of Mental Health and Harm Reduction piloted an initiative in 2024/2025 that gathered Métis girls together for two land-based cultural gatherings. A Métis Elder joined the gatherings to share cultural teachings throughout the weekend—including leading a sashing ceremony, explaining the importance of tobacco, and teaching how to smudge and why Métis people smudge. A Métis Community volunteer provided support throughout the weekend, led a nature walk where they shared knowledge of local plant medicine, and made rose hip tea with the youth. Catering was provided by a Métis cook and included teachings about the importance of sharing a meal and the significance of a **Spirit Plate**. A Métis counsellor was available throughout the weekend to support youth and caregivers with any mental health needs. Additional activities included beading, creating smudge kits, making moccasins and doll ribbon skirts, and sharing teachings on the seven Métis values.

These events were a resounding success, underscoring the importance of culturally grounded, life-promoting, and nature-based gatherings. Experiences such as these not only support the wellness of Métis youth but also their well-being by fostering intergenerational healing and community resilience. Both youth and caregivers consistently expressed the profound impact of intergenerational gathering, cultural learning, and connection with nature. The gatherings were widely described as meaningful opportunities for intergenerational healing and cultural reconnection, deeply rooted in nature.

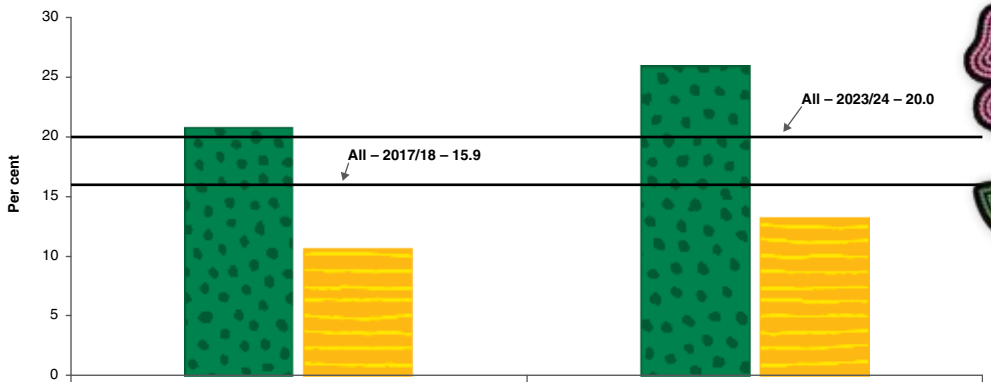
> *Again, from the bottom of my heart, maarsii. This beautiful experience was an immense effort towards healing our mothers and daughters, allowing generations to heal and grow together. I want to repeat again how powerful this event was, particularly the mothers sashing their daughters. What an impactful way to honour, love, impart wishes, hopes, and dreams, and show our girls that they have a larger community [too] that can wrap around them with kindness and support.*
>
> – Participant, MNBC Métis Girls Gathering[32]

Culture has been shown to be a protective factor for mental wellness, as Métis youth who experience connection to culture, community, and supportive peers and adults report more positive health and well-being.[29] Feedback from the gathering highlighted a strong desire for more gatherings, extended over a longer period, to allow time for deeper connection, rest, grounding, and self-care.[32]

Figure 5.1 shows prevalence of mood and anxiety disorders among MNBC Citizens in BC age 18 and older, by sex, in 2017/18 and 2023/24. The figure illustrates that both Métis females and males experience high and increasing rates of mood and anxiety disorders; however, Métis females were diagnosed nearly twice as often as Métis males in both time periods.

Intersectionality is a concept that helps to explain the disproportionate burden of poor mental health carried by Métis women, girls, and 2SLGBTQQIA+ people.[u,33] Intersectionality explores how different forms of oppression (e.g., racism, sexism, ableism, homophobia, transphobia, ageism, poverty) act together to intensify experiences of marginalization and discrimination.[34,35] For example, while women reported poorer mental health than men even before the COVID-19 pandemic, women also experienced greater burdens of stress, anxiety, family responsibility, wage and job loss, and violence during the pandemic, which intensified pre-existing inequities.[36,37,38]

FIG 5.1 **Age-standardized Mood and Anxiety Disorder Prevalence, Métis, Age 18+, by Sex, BC, 2017/18 and 2023/24**



Notes: "Métis" includes Métis Citizens registered with Métis Nation British Columbia who were 18 years or older as of March 31, 2018, for the 2019 Métis cohort and as of March 31, 2023, for the 2023 Métis cohort, and who consented to have their data included in the Métis Population Health Program. Standardized to the Canada 2011 population. See Appendix B for more information.
Sources: BC Ministry of Health, Chronic Disease Registries and Client Roster (Release V2017, V2024); Métis Cohort 2019 and 2023 from Métis Nation British Columbia. Prepared by Population Health Surveillance and Epidemiology, BC Office of the Provincial Health Officer, BC Ministry of Health, June 2025.

u For a Métis perspective on intersectionality, please see the Métis-specific gender-based analysis plus (GBA+) toolkit developed by Les Femmes Michif Otipemisiwak/Women of the Métis Nation: https://metiswomen.org/wp-content/uploads/2024/09/Metis-Specific-GBA-Tool.pdf.

> *In an interview exploring the role of women in her own community, Métis Elder Maria Campbell recalled the Cree term notokwe opikiheet (old-lady raised) in reference to children in her community who were given to the grannies to be raised and educated in traditional skills and practices... Campbell explained that the practice of having girls raised by grannies was to ensure traditional knowledge about health and well-being would be carried forward intergenerationally.*
>
> – Jones, Monchalin, Bourgeois, and Smylie[3(p.118)]

As discussed in Chapter 4, strength of family ties (Figure 4.4) impacted Métis mental health, particularly for females. While strong family ties were a protective factor for both females and males during the pandemic, the fact that they were less protective for females may be linked to the reality that with greater familial ties come greater social obligations and responsibilities for women, who are more often care providers for children, elderly people, and family members with disAbilities.[39,40,41] These responsibilities come with a variety of time, employment-related, financial, social, physical, and mental health impacts.[40,42] While men also provide care and support to family members, and also experience related impacts, women more often provide ongoing personal care with greater time commitments and social and emotional repercussions.[41,43]

Due to these disproportionate impacts on women, the pandemic has also been referred to as the "she-demic."[44] Similarly, gender-based violence—already a substantial burden for Métis women, girls, and 2SLGBTQQIA+ people before the pandemic[2,19,45]—increased so dramatically during COVID-19 that it became known as the "shadow pandemic."[46,47,48,49]

For Métis women, girls, and 2SLGBTQQIA+ people, the inequities experienced during the pandemic were made even worse by cultural dislocation, ongoing colonialism, and intergenerational and colonial trauma. Métis women and 2SLGBTQQIA+ people identified several key impacts of the pandemic, including isolation, not being able to connect with their Métis Community and practise their culture, an increase in pre-existing barriers to accessing culturally safe health care, and financial instability.[50] Even as Métis women and girls were disproportionately impacted by the pandemic, they were largely left out of official pandemic responses. Despite this, Jones, Monchalin, Bourgeois, and Smylie documented how Métis women and girls used their intergenerational, matrilineal healing knowledges to support health and wellness for Métis people and communities during the pandemic.[3]

Source: Métis Nation British Columbia

Métis 2SLGBTQQIA+ People

Within the Métis Nation, 2SLGBTQQIA+ people have traditionally occupied esteemed positions and carried sacred responsibilities.[30,54] For example, Two-Spirit people have often been Healers, Mediators, Truth Speakers, and Caregivers in Métis communities.[54,55] The presence of Métis 2SLGBTQQIA+ people and their connection to "the fluid nature of existence" is a source of strength, wisdom, and balance, helping to foster more inclusive, compassionate, and interconnected Métis communities.[54(p.2)]

However, Métis 2SLGBTQQIA+ people—who represent a very diverse range of sexual and gender identities—continue to experience the multiple oppressions of settler colonialism. These include racism as well as the patriarchal, cis-heteronormative values and beliefs that undermine any sexual or affectional orientation or gender

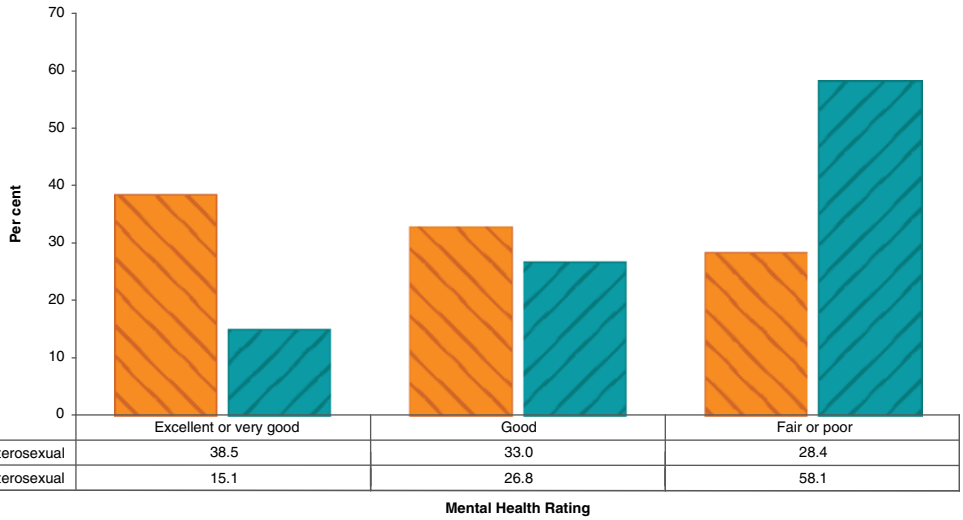
> *By sharing our questions and stories with one another, we strengthen our understanding of and connection to self and community. Many Métis people share the experience of feeling not Indigenous or white enough, but for many 2SLGBTQ+ Métis people, these feelings can be compounded when struggling to feel queer or trans enough... When we come together and listen to each others' stories, and we see our similarities and our diversity, we find our place in the circle. Queer Métis studies are still in early development, but queer Métis people are asking key questions and are leading important conversations.*
>
> – Toorenburgh and Reid[53(p.79)]

identity beyond **cisgender** and heterosexual identities.[20] The resulting stigma and erasure of 2SLGBTQQIA+ identities has had devastating impacts for many Métis people, including experiences of marginalization, violence, colonial trauma, and cultural dislocation, all of which contribute to poorer mental health and wellness outcomes.[20,23,30,56,57] The erasure of Métis 2SLGBTQQIA+ people also includes a lack of reportable data about Métis people with varying sexual and affectional orientations and gender identities. This is reflected in the limited data available for this section of the report, which focuses on experiences that may impact the mental health and wellness of Métis 2SLGBTQQIA+ people. The creation of the MNBC 2SLGBTQQIA+ BC Chair and Provincial Governance Council demonstrates MNBC's commitment to dismantling this erasure. This dedicated seat and voice within the governance structure allows for the advancement of policies that better reflect the realities of 2SLGBTQQIA+ Métis people, laying the groundwork for better data availability in the future.

It is important to be clear that data illustrating negative findings are presented in this report to identify areas where further work and healing are needed. The data below should not be misinterpreted as suggesting that 2SLGBTQQIA+ identities are inherently a risk factor. What creates risk for 2SLGBTQQIA+ people are colonial systems, structures, and interpersonal encounters that promote, perpetuate, and normalize homophobia, transphobia, and cis-heteronormativity.

> *You know, we talk about being Métis, being the forgotten people, or the hidden people, but our Two-Spirit people have [been hidden] for a lot longer than that. And we're coming home …like we are coming in and we are coming out in the sense of we want to reclaim our space. We want that seat back. We want that place in the circle. I don't even think it's a want. I think it's more of a need in the sense of it's not a need for us, it's a need for our [Nation] to heal.*
>
> – Unkie Pixie Wells[58]

FIG 5.2 **Self-rated Mental Health, Métis, Age 15+, by Sexual Orientation, BC, 2022**



	Excellent or very good	Good	Fair or poor
Heterosexual	38.5	33.0	28.4
Non-heterosexual	15.1	26.8	58.1

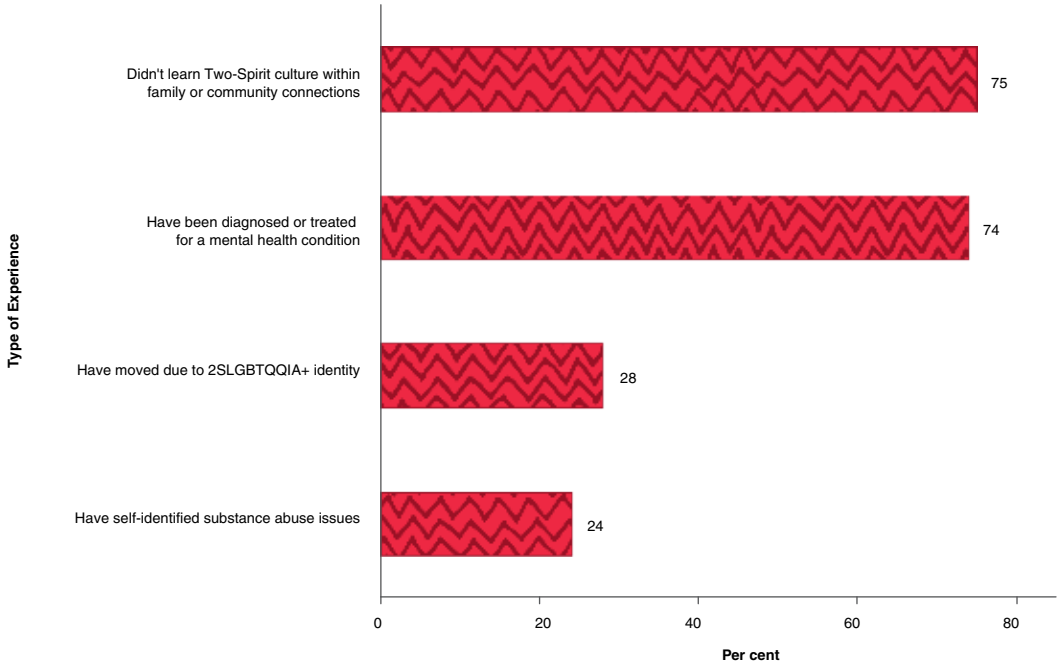
Mental Health Rating

Notes: "Métis" includes respondents who self-identified as Métis. See Appendix B for more information.
Source: Statistics Canada, Indigenous Peoples Survey, 2022, custom tabulation. Prepared by Population Health Surveillance and Epidemiology, BC Office of the Provincial Health Officer, BC Ministry of Health, July 2025.

Figure 5.2 shows the self-rated mental health of Métis people in BC age 15 and older, by sexual orientation, in 2022. These data are simplified into two categories—heterosexual and non-heterosexual—and therefore obscure the considerable variety and differences among people with non-heterosexual identities, as well as reinforcing the harmful narrative that heterosexuality is normal, and anything else is not. These data demonstrate a dramatic difference: Métis people who identified as non-heterosexual reported fair or poor mental health at more than double the rate of Métis people who identified as heterosexual (58.1 per cent of non-heterosexual people compared to 28.4 per cent of their heterosexual peers).

Source: Métis Nation British Columbia

FIG 5.3 **Percentage of Métis 2SLGBTQQIA+ People Who Reported Mental Health-related Experiences, by Type of Experience, BC, 2023**



Source: Métis Nation Greater Victoria, *It's Time for Two Spirit Reconciliation: A Call for 2SLGBTQQIA+ Métis Equity & Inclusion* (https://www.mngv.ca/s/MNGV-Two-Worlds-Two-Spirits-Summary-Report-FNL-2.pdf, February 2023). Prepared by Population Health Surveillance and Epidemiology, BC Office of the Provincial Health Officer, BC Ministry of Health, July 2025.

As Figure 5.3 shows, many 2SLGBTQQIA+ Métis people in BC who responded to an online survey in 2023 reported experiences associated with exclusion, marginalization, and cultural dislocation, all of which may negatively affect one's mental health. Three-quarters said they had not learned about Two-Spirit culture within their family or community. Almost as many (74 per cent) had been diagnosed or treated for a mental health condition. More than one-quarter (28 per cent) had moved due to their 2SLGBTQQIA+ identity, and 24 per cent reported substance use issues. More data from this survey are available in the 2023 report, *It's Time for Two Spirit Reconciliation: A Call for 2SLGBTQQIA+ Métis Equity & Inclusion.*[57]

> *Some knowledge keepers have shared that Two Spirit are halfway between the natural world and supernatural world, [and] are sent here to maintain balance.*
>
> – Métis Nation Greater Victoria[57(p.4)]

While the data above focus on negative indicators to identify where additional supports are needed, Métis 2SLGBTQQIA+ identities are not limited to or defined by marginalization and disconnection. Love, joy, celebration, and community are very real aspects of Métis 2SLGBTQQIA+ personhood.[58] Celebrating

Métis 2SLGBTQQIA+ people and identities at events such as the Vancouver Pride Parade is important for MNBC and many Métis people,[52,59] whether or not they identify as 2SLGBTQQIA+. Increased belonging for Métis 2SLGBTQQIA+ people is also reflected in Métis-specific 2SLGBTQQIA+ events, gatherings, and resources such as those highlighted in the text box on p. 64, and further symbolized by the 2SLGBTQQIA+ sash.[53,60,61]

> *And finding that space and finding that name of Two-Spirit and understanding what it means has been a lifesaver for me, really. In identifying actually who I am, not as a sexual orientation, but as a human being. So, for me it's been everything.*
>
> – Unkie Pixie Wells[58]

Source: Métis Nation British Columbia

THE 2SLGBTQQIA+ SASH

The sash is a powerful symbol of Métis identity, unity, resilience, and pride.[62,63] Métis researchers have described the sash as a metaphor for "[exploring] how our identities come to be woven together into the fabric of our lives while remaining grounded in Métis culture."[53(p.76)]

The MNBC 2SLGBTQQIA+ sash pictured here is one of a number of sashes created to reflect the essential place of 2SLGBTQQIA+ people in Métis culture and communities.[63,64,65]

Source: Métis Nation British Columbia

SUPPORTING MÉTIS 2SLGBTQQIA+ PEOPLE IN BC AND BEYOND

MNBC and Métis Chartered Communities across the province are working to undo the ongoing erasure of Métis 2SLGBTQQIA+ people by launching initiatives designed to support, celebrate, uplift, and provide cultural connections for the diverse range of Métis individuals who identify as 2SLGBTQQIA+. MNBC and the Office of the Provincial Health Officer would like to highlight the following resources focused on including, connecting, and promoting health, mental health, healing, and wellness for Métis 2SLGBTQQIA+ people in BC and beyond:

- MNBC's Métis 2SLGBTQQIA+ BC Chair and Provincial Governance Council: https://www.mnbc.ca/about-mnbc/mnbc-leadership/2slgbtqqia-council
- 2SLGBTQQIA+ programming and resources through MNBC's Ministry of Women and Gender Equity: https://www.mnbc.ca/ministry-of-women-and-gender-equity
- The MNBC Métis Data Governance Committee, which has a seat reserved for a 2SLGBTQQIA+ representative
- *It's Time for Two Spirit Reconciliation: A Call for 2SLGBTQQIA+ Métis Equity & Inclusion* report: https://www.mngv.ca/s/MNGV-Two-Worlds-Two-Spirits-Summary-Report-FNL-2.pdf
- *Gathering to Heal: 2SLGBTQQIA+ Gender-Based Violence* report: https://www.mnbc.ca/media/2666
- The Two-Spirit Dry Lab (2SDL), a research group focused exclusively on Two-Spirit people, communities, and experiences[66]
- *Pawaatamihk: Journal of Métis Thinkers*, based at the University of Manitoba, which explicitly makes space in its pages for 2SLGBTQQIA+ thinkers[67]

> *Métis traditions are clear: children are a gift from the Creator, on loan to us from the spirit world. It is their birthright to inherit cultures whose central tenets for thousands of years focused on how best to nurture young ones physically, mentally, emotionally and spiritually.*
>
> – National Collaborating Centre for Aboriginal Health[68(p.2)]

Métis Youth

Within Métis communities, youth are highly valued and hold important roles in the intergenerational transmission of knowledge. Promoting wholistic health and well-being for Métis youth means emphasizing the interconnectedness of their mental, physical, spiritual, and emotional health needs and addressing them in an integrated way.[1] Research highlights three interrelated themes in supporting positive mental and emotional well-being for Métis youth. First, the importance of cultural wellness, connectedness, and identity.[1,69,70] Second, the inclusion of informal mental and emotional supports provided by Traditional Knowledge Keepers, Elders, and peer mentors.[69,71] Third, building resilience through connections to culture, language, nature, community, and traditional Métis ways of knowing and being.[72,73,74]

Métis youth in Canada experience high levels of mental health concerns and emotional distress.[30,72] This has been linked to systemic inequities caused by ongoing settler colonialism, racism, and discrimination, as well as inadequate access to culturally safe mental health services.[72,75] In particular, experiences in the child welfare system and having a parent who attended residential school have both been linked to mental and emotional distress.[76] Declining rates of positive mental and emotional health among Métis youth are of increasing concern and a priority for Métis communities. In contrast to Western medical practices, Métis perspectives prioritize wholistic solutions to address mental health concerns, highlighting the need for systemic change, community support, and culturally appropriate services and programming.[73] Similarly, while MNBC defines youth as those between the ages of 15 and 30,[77] varying definitions of youth[78]—some rooted in Euro-colonial perceptions of youth and adulthood—often result in insufficient or non-comparable data on Métis youth. MNBC's continuing work with the McCreary Centre Society in BC has helped to address this gap, with a series of Métis-specific reports on school-age youth (age 12–19) produced from 2012 through 2019.[27,28,29] Still, richer data are required to more fully understand the needs and experiences of older Métis youth (age 20–30).

> *Gathering in ceremony with mentors, extended family, and community promotes the health and healing of Métis girls by reinforcing the important kinship roles in Métis communities and counteracting the racist experiences that harm the dignity and development of Métis girls in Canada.*
>
> – Jones, Monchalin, Bourgeois, and Smylie[3(p.120)]

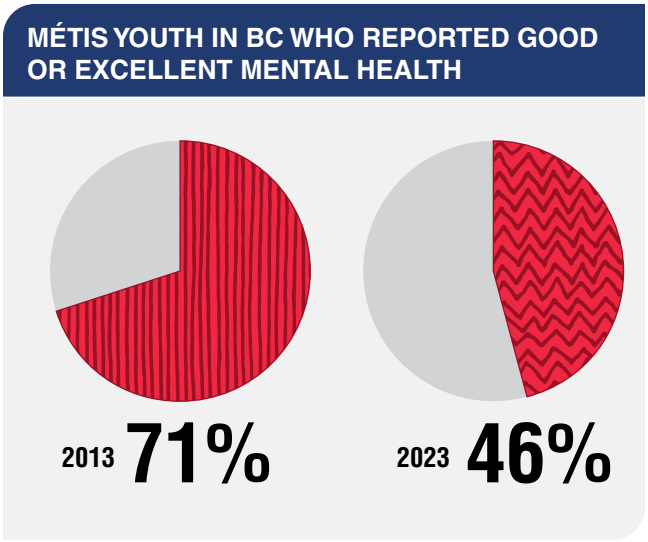
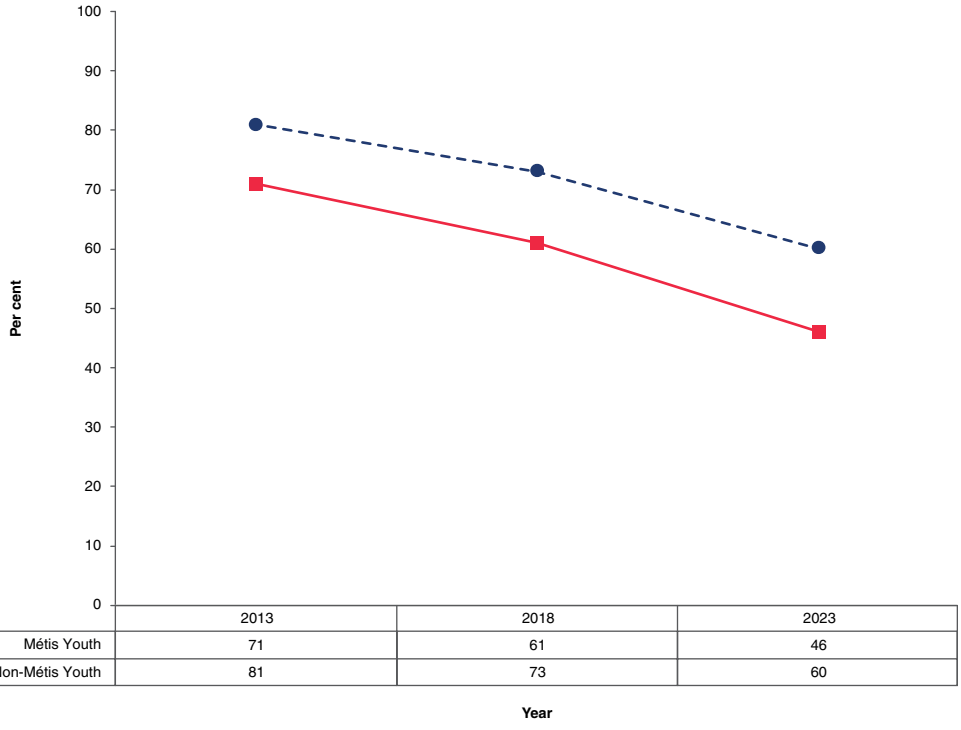


Figure 5.4 shows the percentage of Métis and non-Métis youth between the ages of 12 and 19 who reported "good" or "excellent" mental health in 2013, 2018, and 2023. As this figure shows, positive self-rated mental health declined for all youth in BC over this period, but it has remained consistently lower among Métis youth. Fewer than half (46 per cent) of Métis youth in BC reported good or excellent mental health, declining from over 70 per cent in 2013.

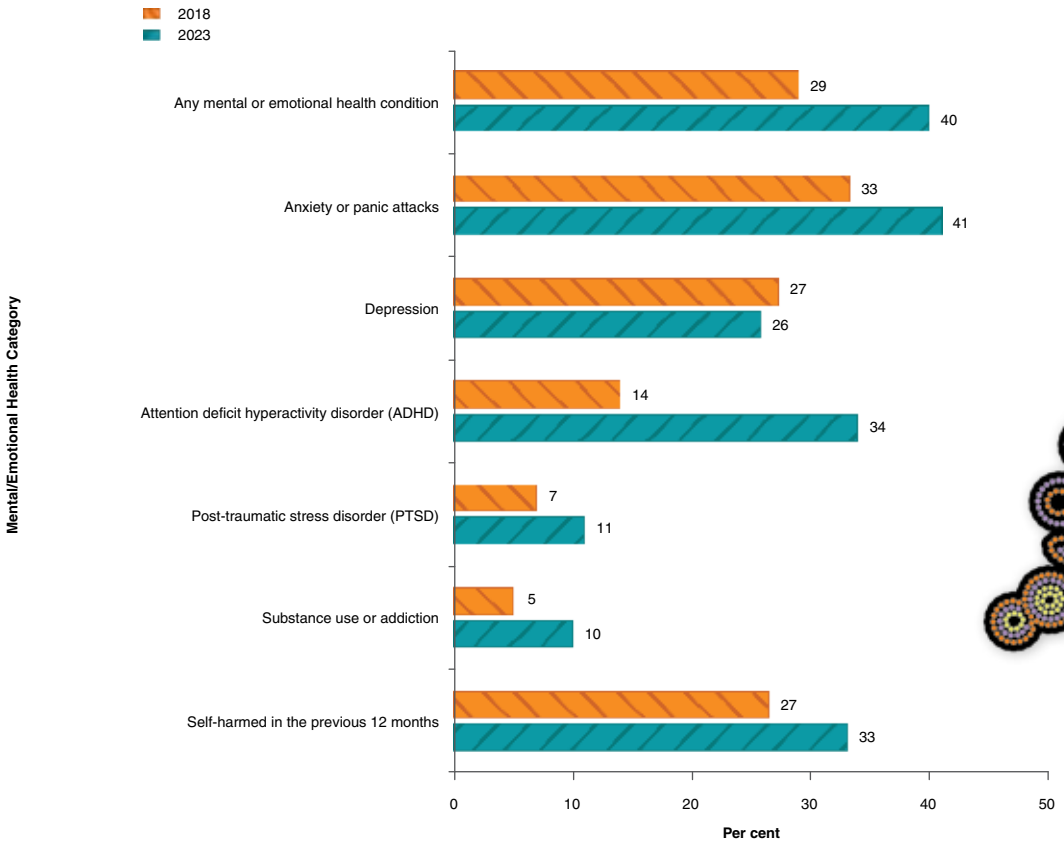
FIG 5.4 **Self-rated Mental Health, Good or Excellent, Métis and Non-Métis Youth, Age 12–19, BC, 2013–2023**



	2013	2018	2023
Métis Youth	71	61	46
Non-Métis Youth	81	73	60

Notes: "Métis" includes youth who self-identified as Métis. "Non-Métis" includes youth who did not self-identify as Métis. Self-rated mental health refers to an individual's own assessment and description of their mental well-being. See Appendix B for more information.
Source: McCreary Centre Society, BC Adolescent Health Survey, 2013, 2018, 2023. Prepared by Population Health Surveillance and Epidemiology, BC Office of the Provincial Health Officer, BC Ministry of Health, July 2025.

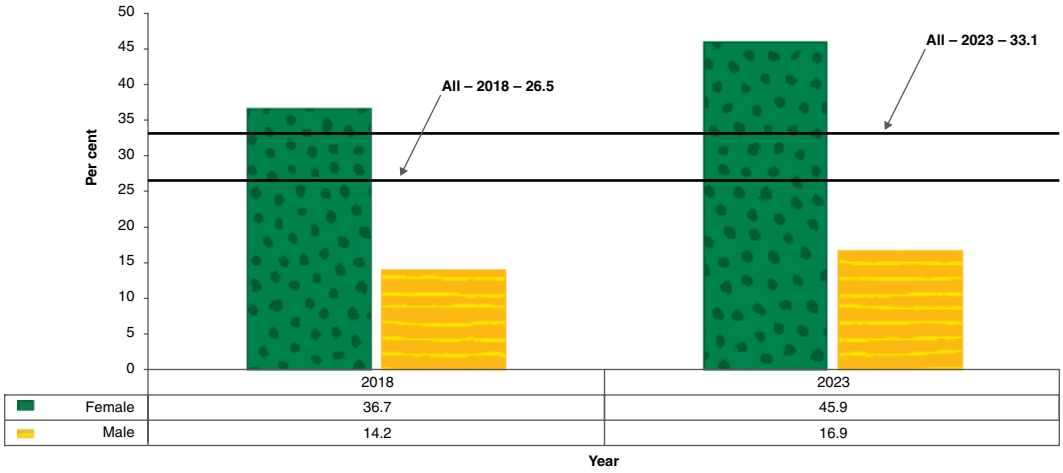
FIG 5.5 **Mental/Emotional Health of Métis Youth, Age 12–19, by Mental/Emotional Health Category, BC, 2018 and 2023**



Notes: "Métis" includes youth who self-identified as Métis. Youth could choose more than one mental/emotional health category. See Appendix B for more information.
Source: McCreary Centre Society, BC Adolescent Health Survey, 2018, 2023. Prepared by Population Health Surveillance and Epidemiology, BC Office of the Provincial Health Officer, BC Ministry of Health, March 2025.

Figure 5.5 shows changes in several mental and emotional health categories for Métis youth age 12 to 19 over the five-year period from 2018 to 2023. As this figure illustrates, Métis youth reported substantial increases in all but one category. While there was a slight decrease in the percentage who reported experiencing depression, 40 per cent of Métis youth reported having at least one mental or emotional health condition in 2023, up from 29 per cent in 2018. In 2023, youth reported higher rates of anxiety or panic attacks, attention deficit hyperactivity disorder (ADHD), post-traumatic stress disorder (PTSD), substance use or addiction, and self-harm in the previous 12 months. The rate of ADHD among Métis youth more than doubled, from 14 per cent in 2018 to 34 per cent in 2023, although this may also represent an increase in diagnoses rather than solely an increase in cases.

FIG 5.6 **Self-harmed in the Previous 12 Months, Métis Youth, Age 12–19, by Sex, BC, 2018 and 2023**



Notes: "Métis" includes youth who self-identified as Métis. "Self-harm" refers to cutting or injuring oneself on purpose without trying to kill oneself. See Appendix B for more information.
Source: McCreary Centre Society, BC Adolescent Health Survey, 2018, 2023. Prepared by Population Health Surveillance and Epidemiology, BC Office of the Provincial Health Officer, BC Ministry of Health, July 2025.

Self-harm describes the act of injuring oneself on purpose, without intending to die from the injury or injuries.[79,80] Self-harm is more common among females, especially younger females, and is linked to experiences of abuse, neglect, childhood trauma, low self-esteem, and mental illness.[80] The most common form of self-harm for young females is cutting their skin, while males more often burn their skin or hit themselves—often causing bruises and sometimes breaking bones.[80] Self-harm may be an attempt to deal with or express anxiety, anger, or emotional pain.[80]

As Figure 5.6 shows, rates of self-harm increased substantially among Métis youth in BC between 2018 and 2023. Of female Métis youth, 45.9 per cent reported in 2023 that they had self-harmed in the previous year, up substantially from 36.7 per cent in 2018. Female Métis youth reported much higher rates of self-harm than male Métis youth, although the rate among males is also alarming.

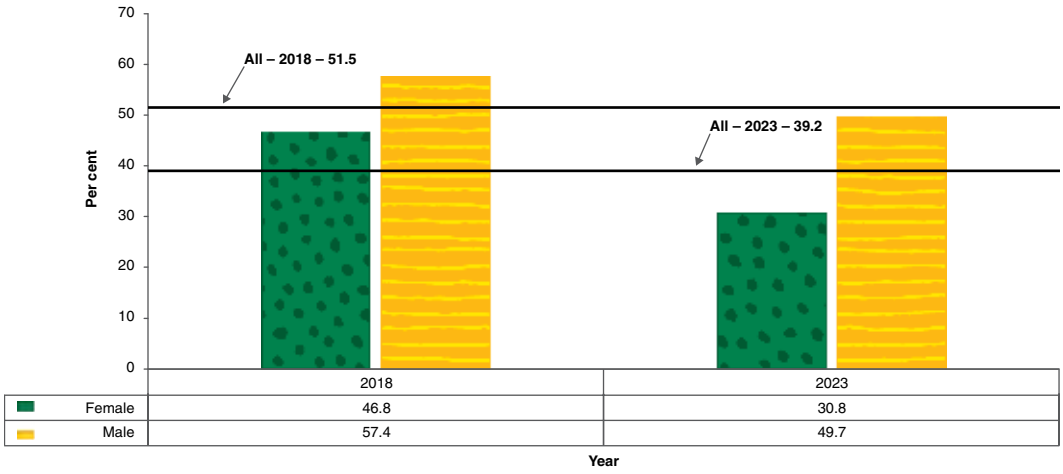
Source: Métis Nation British Columbia

Experiences at School

Having positive school experiences impacts school completion rates, self-esteem, and mental and emotional health for children and youth.[81] Research shows that Métis children and youth often feel excluded or ashamed at school due to racism, discrimination, and the lack of Métis inclusion in the history of Canada being taught in school.[74] Conversely, feeling pride in their Métis identity increases rates of positive school experiences.[74]

Indigenous Education Enhancement Agreements in BC recognize the importance of Indigenous culture, language, and identity in supporting positive educational experiences for Indigenous students.[82] MNBC and Métis Chartered Communities are working with the provincial government and school districts across the province to ensure a Métis lens is incorporated into these agreements to promote both socio-cultural well-being and academic achievement for Métis students.[82]

FIG 5.7 Happy at School, Métis Youth, Age 12–19, by Sex, BC, 2018 and 2023

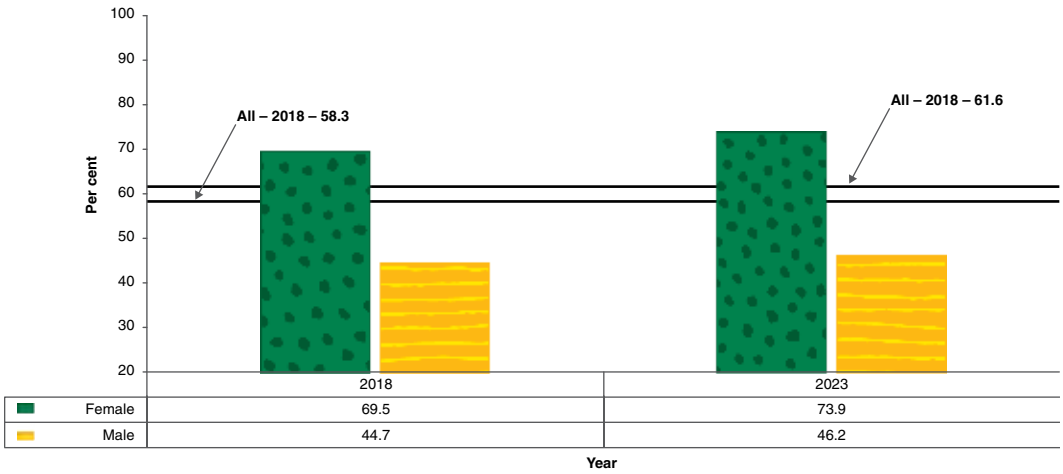


	2018	2023
Female	46.8	30.8
Male	57.4	49.7

Year

Notes: "Métis" includes youth who self-identified as Métis. See Appendix B for more information.
Source: McCreary Centre Society, BC Adolescent Health Survey, 2018, 2023. Prepared by Population Health Surveillance and Epidemiology, BC Office of the Provincial Health Officer, BC Ministry of Health, June 2025.

FIG 5.8 Bullied at School, Métis Youth, Age 12–19, by Sex, BC, 2018 and 2023



	2018	2023
Female	69.5	73.9
Male	44.7	46.2

Year

Notes: "Métis" includes youth who self-identified as Métis. "Bullied at school" refers to having been severely teased, purposely socially excluded, or physically attacked or assaulted while at school or on the way to or from school in the previous 12 months. See Appendix B for more information.
Source: McCreary Centre Society, BC Adolescent Health Survey, 2018, 2023. Prepared by Population Health Surveillance and Epidemiology, BC Office of the Provincial Health Officer, BC Ministry of Health, June 2025.

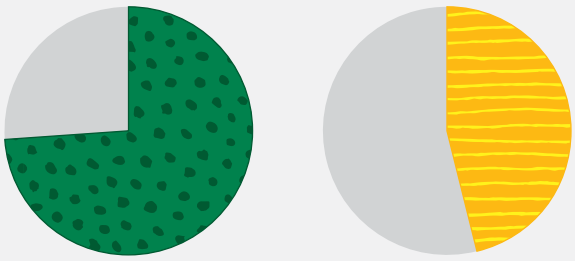
Figure 5.7 shows the percentage of Métis youth age 12 to 19 who reported they were happy at school, by sex, in 2018 and 2023. As the figure shows, a lower proportion of Métis youth of both sexes reported being happy at school in 2023, with female Métis youth reporting both lower levels of happiness at school and a steeper decline. The proportion of youth who reported being happy at school decreased from 57.4 per cent to 49.7 per cent among male Métis youth and from 46.8 per cent to 30.8 per cent among female Métis youth.

Feeling happy at school is negatively impacted by interpersonal attacks such as bullying. Figure 5.8 shows that bullying against Métis youth is high and has increased since 2018, when 58.3 per cent of Métis youth in BC reported having been bullied at school or on their way to or from school in the previous 12 months. Experiences of bullying included being severely teased, being intentionally socially excluded, and being physically assaulted. In 2023, the percentage of Métis youth in BC who reported being bullied at school had risen to 61.6 per cent overall. This was even higher among females, with 73.9 per cent of female Métis youth and 46.2 per cent of male Métis youth reporting having been bullied at school.

As this report demonstrates, the mental and emotional health burdens and impacts on Métis people and specific Métis populations are substantial and have grown worse over time. However, it is important to highlight that many Métis youth, women and girls, and 2SLGBTQQIA+ people are thriving and connected to family, community, culture, and the land.

Source: Métis Nation British Columbia

MÉTIS YOUTH IN BC WHO WERE BULLIED AT SCHOOL, 2023



Female 73.9%

Male 46.2%

RECIPIENTS OF THE 2025 MÉTIS SPIRIT AWARDS

MNBC and Métis Youth British Columbia celebrate inspiring MNBC Citizens and role models through programs such as the annual Métis Spirit Awards. Spirit Awards "[lift] up the voices, actions, and stories of young Métis who give back to their communities and live their culture."[83] The six Métis youth and young adults featured here were the recipients of the Métis Spirit Award for 2025.[83]

Lily Jenson
Lily is a Grade 11 student pursuing her education in the francophone program. Proud of her Métis heritage, her family roots trace back to St. Laurent and St. Boniface, with family names including Lavallée, Ducharme, Desjarlais, Henry, Campbell, and Lagimodière. Lily is deeply committed to sharing and celebrating her Métis culture through language, art, and tradition.

A dedicated language learner, Lily has been studying Michif for the past five years. Now, at just 16 years old, she is recognized as a proficient, immersive speaker. She actively shares her language skills in both her Métis and francophone communities and has even been asked to teach classes for young learners—an impressive testament to her leadership in language revitalization.

Emma Kramer
Emma Kramer is a disabled Métis youth who resides in Kelowna, BC.

She is a multidisciplinary artist who creates beadwork and moccasins. When teaching in her community, she strives to foster an authentic and safe space for all participants to share, learn, and grow.

A dedicated member of the MNBC Eco Collective, Emma works to protect local ecosystems by collecting litter from waterways. She expresses her passion for land stewardship through her artistic practice.

Payton Murphy
Payton is a 16-year-old Métis youth Knowledge Holder living as a guest on the unceded ancestral land of the Lheidli T'enneh First Nation. She is mixed Red River Métis/Settler and comes from a long line of ancestors who were performers, actors, dancers, and singers.

She has been a competitive dancer for 10 years. She dances ballet, modern, contemporary, jazz, and lyrical styles. She also loves jigging. She learned to dance the Red River jig from Métis Bev Lambert and Madelaine McCallum. She is grateful for the teachings she has received. Payton considers dance as medicine.

Sisely Roeters
Sisely Roeters is a 17-year-old from Golden, BC. She is in grade 11 and plans to go to nursing school when she finishes high school. Sisely is also the Youth Representative at Métis Nation Columbia River Society.

Sisely loves beading and jigging, and is a leader in her small community. She is an active being who loves snowboarding, gymnastics, aerial silks, climbing, dirt biking, and camping.

Haedan Turner
Haedan is incredibly grateful to have received the Métis Spirit Award. As a proud member of the Fort St. John Métis Society and MNBC, this recognition fills him with pride in his Métis heritage. Haedan's Métis roots come from his mother's side, and despite being away from home for many years while training to become a doctor, his connection to his culture remains strong.

Annelie Wells
Annelie is Red River Métis from Treaty 1 territory on her mother's side, and mixed European on her father's side. Annelie is in their final year of studies at the University of British Columbia and will be graduating with a Bachelor of Arts in First Nations and Indigenous Studies. She works as a student advisor in the šxʷtaːtəχʷəm student space and enjoys teaching other Indigenous students how to bead.

Read more about the 2025 Métis Spirit Award recipients at www.mnbc.ca/metis-spirit-award.

Source: Métis Nation British Columbia[83]

Source: Métis Nation British Columbia

Conclusion

This chapter explores specific aspects of mental health and wellness for Métis women and girls, Métis 2SLGBTQQIA+ people, and Métis youth—groups who continue to experience disproportionately poorer mental health outcomes than other populations. Chapter 6 delves further into the related priority topics connected to wellness, including Métis cultural wellness and cultural safety in health and social services, substance use and harm reduction among Métis people in BC, and gender-based violence, which overwhelmingly affects Métis women, girls, and 2SLGBTQQIA+ people.

Source: Métis Nation British Columbia

Chapter 6:

Priority Topics for Métis Mental Health and Wellness

The distinct experiences of Métis people accessing services continue to be largely unknown. The lack of Métis voices is problematic as Métis people account for over a third of the Indigenous population in both Canada and in BC, and they experience severe disparities in health determinants and outcomes compared to the non-Indigenous Canadian population due to a long and ongoing history of colonialism and assimilation. This has had direct implications on health and social service access, resulting in Métis people being "caught betwixt and between" First Nations and mainstream services.

– Paul, Monchalin, Auger, and Jones[1(p.246)]

Discussions about mental health, cultural wellness, violence, and substance use can feel heavy.
This doesn't mean that these stories shouldn't be told.
Be mindful of your own boundaries as you take in this content.
If you need to take time to practise self-care and connect with your supports, please do.

If you need crisis support, please call the **Métis Crisis Line** at

1-833-MÉTISBC (1-833-638-4722)

For immediate or ongoing sexual violence support,
contact the Salal Sexual Violence Support 24-hour Crisis and Information Line
In Vancouver and the Lower Mainland (BC), call: 604-255-6344
Toll-free (BC and Canada): 1-877-392-7583

Text: **604-245-2425** (Monday to Friday, 9am to 5pm)
Online chat: https://www.salalsvsc.ca/connect/
(Monday to Friday, 9am to 5pm)

To find Harm Reduction or Mental Health supports in your area, please email
harmreduction@mnbc.ca or mentalwellnesscoordination@mnbc.ca

Together, Métis Nation British Columbia (MNBC) and the Office of the Provincial Health Officer (OPHO) have identified several priority topics to support Métis mental health and wellness: Métis-specific cultural wellness and cultural safety, gender-based violence (including intimate partner violence, sexual violence, and the epidemic of missing and murdered Indigenous women, girls, and 2SLGBTQQIA+ people), and substance use and harm reduction. This chapter takes a closer look at each of these topics and their impacts on the health and wellness of Métis people in BC.

Métis-specific Cultural Wellness and Cultural Safety

The implications of ongoing systemic racism and discrimination for Métis people include disparities in physical and mental health outcomes, overall negative healthcare experiences,[1,2] and barriers to accessing and receiving culturally appropriate, Métis-specific health and social services.[1,2,3,4] The *In Plain Sight* report outlines the impacts of Indigenous-specific racism in the BC healthcare system, as well as many barriers to health care access.[4] For the Métis, these barriers include a lack of culturally safe care, learned fear and mistrust of the system, discriminatory attitudes that negatively impact Métis women and 2SLGBTQQIA+ people, a lack of access to or acceptance of traditional healing practices within mainstream health systems, and limitations on hospital visitation that may not align with Métis values.[1,4] Barriers also include a lack of visibly Métis practitioners and Métis symbols in health and social service settings, as well as practitioners who have not been educated about who the Métis Nation and its people are or what it means to be Métis.[1,4] These challenges may have different impacts on specific Métis populations: for example, a 2023 report indicated that only 4 per cent of Métis 2SLGBTQQIA+ people who responded to a BC survey agreed that they received culturally supportive health services.[v,5] For some Métis, "passing" as white is also associated with experiences of discrimination and the erasure of Métis identity in healthcare settings.[1]

Cultural wellness for the Métis means being seen, understood, and respected as a distinct Nation with unique cultural practices, and feeling a sense of belonging and "balance in physical, emotional, mental and spiritual health for our Métis individuals, families and Communities."[6(p.127)] Generally, cultural safety for Indigenous Peoples requires that healthcare providers and institutions be committed to self-reflection, cultural humility, Indigenous engagement, cultural safety training, and providing care that is anti-racist, decolonial, and **trauma- and violence-informed**.[7,8,9,10,11] However, many cultural safety measures are not designed with the Métis in mind, and therefore exclude and marginalize Métis people. Recognizing this, MNBC has emphasized the need to shift from cultural safety more broadly to a focus on Métis-specific cultural safety and cultural wellness.[6] To better support the health and wellness journeys of Métis people, healthcare services must be informed by an understanding of Métis culture, history, and identity.[4] Healthcare systems, including policies, practices, and healthcare

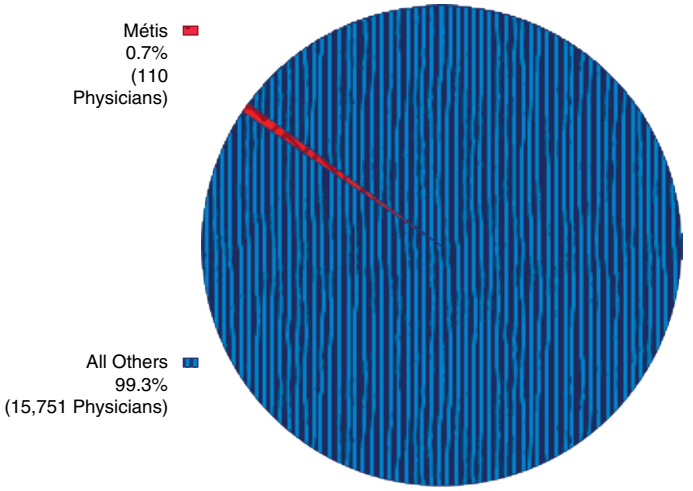
v More data from this survey are available in the 2023 report, *It's Time for Two Spirit Reconciliation: A Call for 2SLGBTQQIA+ Métis Equity & Inclusion:* https://www.mngv.ca/s/MNGV-Two-Worlds-Two-Spirits-Summary-Report-FNL-2.pdf.

Source: Métis Nation British Columbia

professionals, must work to undo the harms of settler colonialism, racism, and discrimination by fostering healthcare environments that acknowledge and understand current and historical traumas and provide culturally safe and culturally appropriate care for Métis people. Métis-specific cultural safety is achieved when Métis people feel that their healthcare needs have been met by their providers in a way that recognizes and acknowledges wholistic understandings of Métis health and well-being.[12,13] This requires that practitioners and institutions recognize both their own biases and the limitations of Western healthcare practices and medical training,[14,15] which often use a **pan-Indigenous** lens rather than taking a distinctions-based approach to better serve Métis people.[10] Healthcare and medical training programs must include a focus on Métis history and culture, the ways Métis culture and Community support health and wellness, and the ongoing health and wellness impacts of settler colonialism, racism, and discrimination. Practitioners also need to work proactively to learn about and understand wholistic Métis perspectives on health.[12,13]

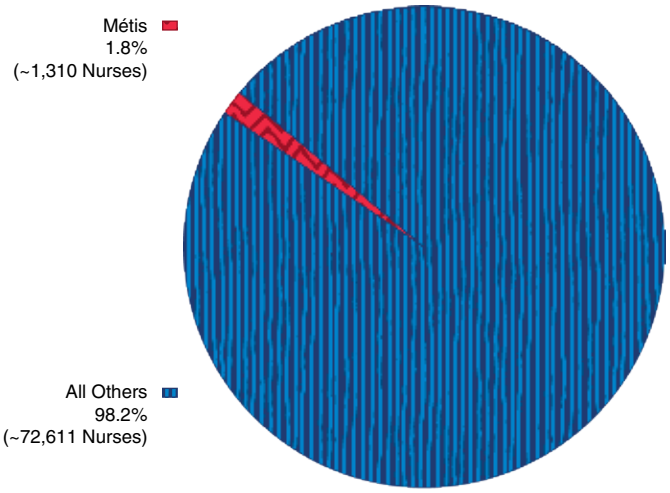
Critically, Métis people and communities must be actively engaged in initiatives to promote Indigenous cultural safety. An Indigenous Advisory Committee (IAC) was created in March 2020 to advise the BC Office of Patient-Centred Measurement (BC PCM) and the BC PCM Steering Committee. The IAC includes representatives from MNBC. Métis voices and perspectives can therefore be reflected in the IAC's crucial work to incorporate Indigenous knowledges and worldviews to inform, decolonize, and promote cultural safety in BC PCM processes.[16] MNBC has developed a curriculum called Miyo-pimâtisowin to further advance Métis-specific knowledge, cultural wellness, and cultural safety in healthcare settings.[17] This curriculum is also intended to support Métis healthcare providers by helping to ensure that healthcare systems and environments are culturally safe enough for Métis care providers to feel comfortable and safe openly identifying as Métis.

FIG 6.1 Percentage of Professionally Active Physicians Registered with the College of Physicians and Surgeons of BC Who Self-identified as Métis, BC, 2025



Notes: "Métis" includes physicians who self-identified as Métis during registration of licensing. "All Others" includes physicians who did not self-identify as Métis. See Appendix B for more information.
Source: College of Physicians and Surgeons of British Columbia, 2025 Annual Licensure Renewal. Prepared by Population Health Surveillance and Epidemiology, BC Office of the Provincial Health Officer, BC Ministry of Health, August 2025.

FIG 6.2 Percentage of Professionally Active Nurses Registered with the BC College of Nurses and Midwives Who Self-identified as Métis, BC, 2024



Notes: "Métis" includes all nurses who self-identified as Métis during registration renewal, including 1,245 nurses who self-identified as Métis, 59 nurses who self-identified as both Métis and First Nations, and an undisclosed number (fewer than 10) who self-identified as both Métis and Inuk (Inuit). Thus, the total number of nurses who self-identified as Métis is between 1,305 and 1,313. The number charted (1,310) is therefore correct to within 5. "All Others" includes nurses who did not self-identify as Métis, including nurses who self-identified as First Nations, Inuk (Inuit), or non-Indigenous. See Appendix B for more information.
Source: BC College of Nurses and Midwives, 2024 Annual Registration Renewal. Prepared by Population Health Surveillance and Epidemiology, BC Office of the Provincial Health Officer, BC Ministry of Health, August 2025.

Increasing the number and visibility of Métis healthcare providers is another way to help create health services that better reflect and support the patients they serve.[13] Figure 6.1 shows the percentage of professionally active physicians registered in BC who self-identified as Métis in 2025. The data show that Métis people are vastly underrepresented among BC physicians. In the 2021 Census, 2.0 per cent of the BC population self-identified as Métis; however, of the 15,861 professionally active physicians registered with the College of Physicians and Surgeons of BC (CPSBC) in 2025, only 110 (0.7 per cent) self-identified as Métis on the annual licence renewal form. Nonetheless, this represents an increase from 2019, when 56 (0.4 per cent) of 13,263 professionally active physicians registered with CPSBC self-identified as Métis.

Figure 6.2 shows the percentage of nurses in BC who self-identified as Métis in 2024. Of 73,921 nurses in BC registered with the BC College of Nurses and Midwives (BCCNM) that year, approximately 1,310 (1.8 per cent) self-identified as Métis during their registration renewal, including 1,245 who self-identified as Métis, 59 who self-identified as both Métis and First Nations, and fewer than 10 who identified as both Métis and Inuk (Inuit). Fewer than 10 of 641 midwives registered with BCCNM in 2024 self-identified as Métis. As these data show, more work is needed to attract, support, train, and retain Métis healthcare workers in BC.

MÉTIS HEALTHCARE WORKER PIN PROJECT

MNBC has created a special pin to celebrate and honour Métis healthcare workers. Self-identified Métis frontline healthcare workers across the province will wear the pin on their uniforms to increase Métis visibility in healthcare settings and help make Métis people feel welcome when they seek care. The pin is designed to meet infection-control standards.[18]

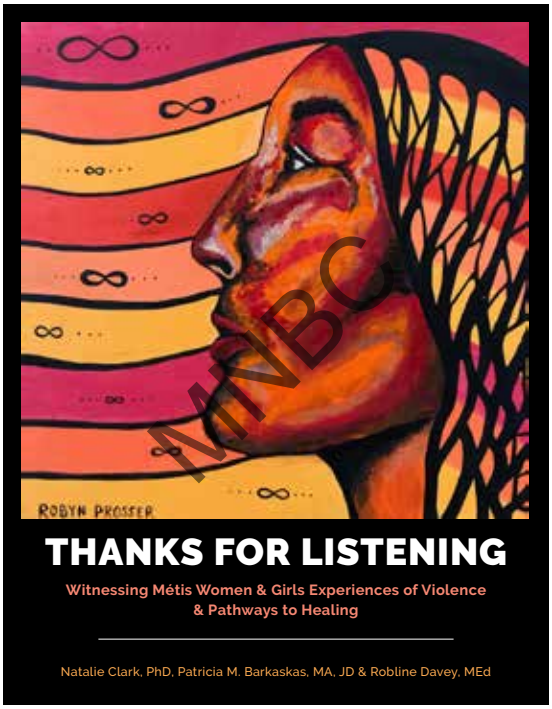
Promoting Métis-specific cultural wellness and cultural safety includes training healthcare workers about Métis culture and identity; supporting service providers to be self-reflective, provide trauma- and violence-informed care, and demonstrate cultural humility; and increasing Métis representation in healthcare contexts. This can create more welcoming environments for both Métis care providers and care seekers, thereby supporting improved mental and physical health and wellness outcomes for Métis people.

Gender-based Violence

Gender-based violence (GBV) is a societal illness that persists because of pervasive patriarchal and misogynist settler colonial ideologies that normalize men and boys having more power than women, girls, and 2SLGBTQQIA+ people.[20,21] GBV is violence perpetrated against someone based on their gender identity, gender expression, or perceived gender.[20,21,22]

The United Nations describes GBV as "one of the world's most prevalent human rights violations, taking place every day … in every corner of the globe."[23] Métis voices, amplified by MNBC through reports such as *Thanks for Listening: Witnessing Métis Women & Girls Experiences of Violence & Pathways to Healing* (2021)[19] and *Gathering to Heal: 2SLGBTQQIA+ Gender-Based Violence* (2024),[24] demonstrate that GBV is a key issue for Métis people and Communities in BC. As the *Thanks for Listening* report explains, "Métis women and girls' experiences of violence are not easily accessible for many and varied reasons … The specific ways in which Métis women and girls are constituted, perceived, and gendered within colonialism and subsequently in Métis homes and communities involves the mapping of violence on to Métis women and girls' lives and bodies."[19(p.5)]

> *We also know, through Métis women and girls' writings and responses to the Sashing our Warriors survey, that they have clear histories of resistance and survival and these embodied, intellectual, and spiritual practices are also distinctively Métis, with liberation at their heart.*
>
> – Clark, Baraskas, and Davey[19(p.27)]



While perpetrators of GBV are most often men,[25,26,27] reporting and statistics tend to focus on women as "victims."[w,27] This frames GBV as a "women's issue" and softens the role of male perpetrators, which presents a contradictory narrative.[28] These opposing framings effectively cancel each other out, creating the impression that no one is truly responsible.[28] This not only obscures the root causes of GBV but also undermines the urgency required to address it.[28] GBV has both short-term and long-lasting physical and mental health, societal, and economic consequences, and can result in intergenerational cycles of violence and abuse as well as **femicide** or **gender-related homicide**.[20] Eliminating GBV is a responsibility shared by all members of society.[29]

Gender inequity is the foundation of GBV, which is compounded by systemic inequities due to racism, settler colonialism, ableism, classism, and sexism; by discrimination based on sexual orientation, gender identity, and gender expression; and by poverty and histories of collective trauma.[19,20] Perpetrators are commonly friends, family members, or intimate partners of the people they assault.[25,26] While GBV is disproportionately perpetrated by men against women, girls, and 2SLGBTQQIA+ people who are younger, Indigenous, or have a disAbility, GBV is committed by and against people from all age, community, culture, faith, and income groups.[20]

Intimate partner violence (IPV) is violence perpetrated by a current or former intimate partner (e.g., spouse or dating partner).[22] Both GBV and IPV can include varying forms of physical, sexual, societal, psychological, emotional, financial, and **cyber violence**.[20,22] These may also include **criminal harassment** (stalking), **coercive control**, **human trafficking**, and femicide or gender-related homicide. While people of any gender may experience IPV, women, girls, and 2SLGBTQQIA+ people experience disproportionately high rates and higher severity of incidents.[22,27] In 2023, women and girls accounted for nearly four out of five people (78 per cent) against whom IPV was perpetrated; this was nearly four times higher than for men and boys.[30]

Between 2011 and 2021, 1,125 women and girls across Canada were murdered in femicides, and male intimate partners or male family members were the perpetrators in 93 per cent of these cases.[20] In BC, 105 women and girls were killed by violence from 2018 to 2022, 70 of them by a male accused.[31] The annual femicide rate in BC increased alarmingly during this time, more than doubling from 0.32 femicides per 100,000 women and girls in 2018 to 0.74 per 100,000 in 2022.[31(p.41)] This dramatic increase may be partially due to the COVID-19 pandemic and related public health response measures, which are known to have aggravated both the rate and severity of IPV in BC during this time.[32,33,34]

Due to settler colonialism, gender inequity, and other factors, Métis women, girls, and 2SLGBTQQIA+ people face higher rates of GBV than non-Indigenous women, girls, and 2SLGBTQQIA+ people.[35] According to Statistics Canada's 2018 Survey of Safety in Public and Private Spaces, 15.5 per cent of Métis women in Canada had experienced

w While many frameworks use the language of "victim," MNBC and the OPHO prefer to use the term "survivor" in most contexts, thus emphasizing resilience, recovery, and healing rather than experiences of violence. However, the reality is that many women, girls, and 2SLGBTQQIA+ people are killed in acts of gender-based violence.

one or more forms of IPV in the previous year, while more than 60 per cent reported having experienced IPV at least once since the age of 15.[36]

In addition to physical pain and trauma, the extensive harms associated with GBV and IPV include mental health conditions, depression, anxiety, post-traumatic stress disorder, sleep disorders, substance use, and suicide.[37] The difficulty and precariousness of leaving violent relationships is intensified by associated financial burdens, the scarcity of affordable and adequate housing, and the risk of food insecurity.[35,38] For Métis women and 2SLGBTQQIA+ people, racism, discrimination, and the lack of Métis-specific supportive housing further compound these issues.[35,38] These harms are experienced by those against whom the violence is committed, and also by children and other family members who witness the violence.[39] These harms are aggravated by stigma, shame, feelings of hopelessness, historical and ongoing trauma, and fear of revictimization,[35,38] all of which contribute to extremely low reporting rates: some sources estimate that as few as 6 per cent of GBV and IPV survivors report the violence to police.[40] Survivors who do report incidents of GBV and IPV face a high likelihood of being retraumatized by their experiences with police investigations and other criminal justice system processes.[27,41,42] This clearly indicates a systemic, judicial, and societal issue that warrants a substantially different solution than has been implemented to date.

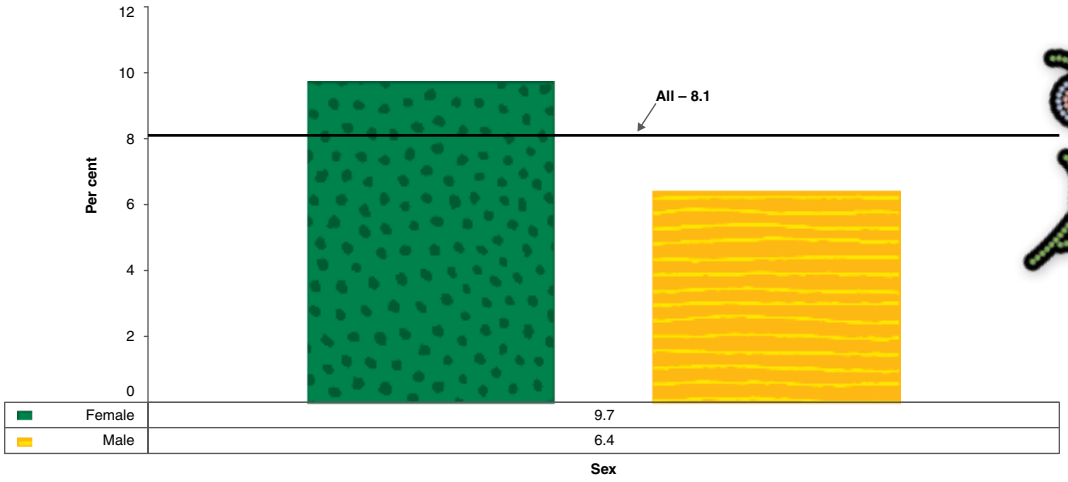
The Ongoing Crisis of Missing and Murdered Indigenous Women, Girls, and 2SLGBTQQIA+ People

Since Métis communities have traditionally been egalitarian and matriarchal, GBV was simply not acceptable. When instances did occur, Métis communities used family- and community-based processes, rooted in collective responsibilities and restorative justice, to intervene and prevent further harms.[35]

The societal epidemic of GBV and IPV[27] and intersecting forms of violence and oppression (e.g., racism and discrimination) became entrenched with the advent of settler colonialism and its imposition of patriarchy, male domination, cis-heteronormativity, and systemic white supremacy on Métis people and communities. This continues to have disproportionate impacts on the physical and mental health and wellness of Métis women, girls, and 2SLGBTQQIA+ people, as demonstrated by the data in this report and by the testimony of Métis people, including testimony reflected in the *Thanks for Listening,*[19] *Gathering to Heal,*[24] and *Métis Perspectives of Missing and Murdered Indigenous Women, Girls and LGBTQ2S+ People*[38] reports. This violence and oppression is evident in the ongoing crisis of missing and murdered Indigenous women, girls, and 2SLGBTQQIA+ people.[35,38,43]

> *Métis women and girls' survivance is found in sisterhood, storytelling, shared medicines, and movement on the land—as we have been surviving violence on this land since colonization.*
>
> – Clark, Baraskas, and Davey[19(p.27)]

FIG 6.3 **Percentage of Métis People Who Knew One or More Indigenous Women, Girls, or Two-Spirit People Who Were Missing or Who Had Been Murdered, Canada, 2022**



Notes: This chart shows the percentage of survey respondents who self-identified as Métis, age 15+, and who indicated there were one or more Indigenous women, girls, or Two-Spirit people in their life who were missing, who had been murdered, or whose disappearance or death was suspicious. See Appendix B for more information.
Source: Statistics Canada, Indigenous Peoples Survey, 2022, custom tabulation. Prepared by Population Health Surveillance and Epidemiology, BC Office of the Provincial Health Officer, BC Ministry of Health, July 2025.

Figure 6.3 shows the percentage of Métis people in Canada age 15 and older who reported on the 2022 Indigenous Peoples Survey that there were Indigenous women, girls, or Two-Spirit people in their life who were missing, who had been murdered, or whose disappearance or death was suspicious. Métis females were more likely than Métis males to report knowing one or more missing or murdered Indigenous women, girls, or Two-Spirit people (9.7 per cent versus 6.4 per cent).

> *The individual and community catastrophes that lead to women, girls and gender-diverse individuals becoming vulnerable can be situated within a spectrum of gender violence cases that includes family violence, illustrating how their occurrence signals a convergence of system breakdowns.*
>
> – Clark, Baraskas, and Davey[19(p.35)]

Sexualized Violence

Sexual violence and **sexualized violence** describe GBV that involves any form of unwanted sexual contact or interaction—verbal or physical—including sexual assault and sexual harassment.[44] The term "sexualized violence" is often used to emphasize that such acts are forms of violence and aggression that use sex and sexuality to demean, dominate, control, and oppress.[45,46] According to Women and Gender Equality Canada, sexual violence is the only type of violent crime in Canada that is not decreasing.[44]

In July 2020, BC's Representative for Children and Youth released *Invisible Children: A Descriptive Analysis of Injury and Death Reports for Métis Children and Youth in British Columbia, 2015 to 2017*, which highlighted the systemic breakdowns harming Métis children and youth in government care.[47] According to this report, 44 of 183 injuries reported (24 per cent) were the result of sexualized violence, which was committed against female Métis children and youth in care at rates much higher than for non-Métis and male Métis children and youth.[47] In the Canada-wide 2018 Survey of Safety in Public and Private Spaces, 41.6 per cent of Métis respondents in BC age 15 and older reported experiences of physical or sexual abuse during childhood,[48] and 43.3 per cent reported having survived one or more incidents of sexual assault since the age of 15.[49]

> *"Métis women and girls' individual embodied lived realities are imbued with the abstract violence of colonialism, enacted through laws and policies that left Métis people poor and landless, as well as the concrete violence of physical and sexual assault, as a direct result of colonialism, as a common experience."*
>
> – Clark, Baraskas, and Davey[19(p.27)]

Source: Métis Nation British Columbia

FIG 6.4 **Métis Youth Who Experienced Sexual Abuse or Sexual Harassment, Age 12–19, by Sex, BC, 2023**

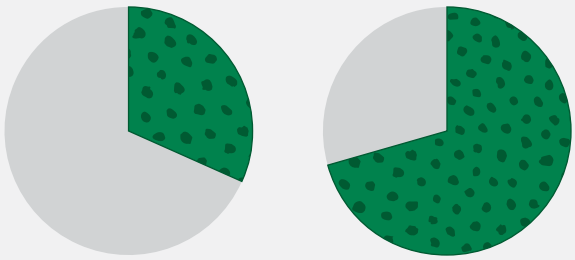
	Sexual abuse	Sexual harassment
Female	31.7	70.8
Male	11.0	38.2

Sex

Notes: "Métis" includes youth who self-identified as Métis. "Sexual abuse" includes having ever being sexually abused, including being forced into sexual activity or being the younger of an illegal age pairing the first time they had sex. "Sexual harassment" includes having experienced verbal or physical sexual harassment in the previous 12 months. See Appendix B for more information.
Source: McCreary Centre Society, BC Adolescent Health Survey, 2023. Prepared by Population Health Surveillance and Epidemiology, BC Office of the Provincial Health Officer, BC Ministry of Health, June 2025.

Figure 6.4 shows the percentages of Métis female and male students in BC, age 12–19, who reported experiencing sexual abuse at any point in their lives, and those who reported experiencing sexual harassment (verbal or physical) in the previous 12 months. In 2023, nearly one in three female Métis students (31.7 per cent) reported sexual abuse and more than two-thirds reported sexual harassment (70.8 per cent). Rates were substantially lower, but still very high, among male Métis students, with 11.0 per cent reporting having been sexually abused and 38.2 per cent reporting having been sexually harassed in the previous 12 months. These rates of sexual abuse and harassment highlight the need for provincial attention, intervention, and support.

FEMALE MÉTIS YOUTH WHO EXPERIENCED SEXUAL ABUSE OR HARASSMENT, 2023



Sexual abuse
31.7%

Sexual harassment
70.8%

MÉTIS NATION BRITISH COLUMBIA: RESPONDING TO GENDER-BASED VIOLENCE

MNBC has undertaken considerable work to address GBV in Métis communities in BC, recognizing that this is an ongoing problem with devastating impacts for individuals and families. MNBC and its Ministry of Women and Gender Equity seek to address GBV wholistically, with initiatives intended to reduce and prevent GBV, while also supporting healing for Métis people, families, and communities. In addition to the two reports referenced earlier in this chapter (*Thanks for Listening: Witnessing Métis Women & Girls Experiences of Violence & Pathways to Healing*[19] and *Gathering to Heal: 2SLGBTQQIA+ Gender-Based Violence*[24]), MNBC's response to GBV has included research, gatherings, and community supports such as those listed here.

Gender and Sexual Orientation-based Violence Against Métis Women, Girls, Two-Spirit, and LGBTQQIA+ People in BC: A Literature Review

This literature review, completed in May 2025, provides an evidence-informed and culturally grounded foundation for the GBV work of MNBC's Ministry of Women and Gender Equity.[28]

Healing and Anti-violence Gatherings

- Gathering to Heal: 2SLGBTQQIA+ Gender-Based Violence Gathering (November 2023)[24]
- Métis Women's GBV Gathering to inform the BC government's GBV Action Plan (May 2023)[50]
- Tâpahtiyim'sowin (Humility): A Journey of Discovery and Healing—two first-of-their-kind gatherings for Métis men in BC (April 2025)[51]

Safe Métis Communities Fund

This fund supports community-based initiatives and enhances the capacity of Métis Chartered Communities to participate in actions that support MNBC's GBV Strategy. It also involves and supports elected Métis women, youth, and 2SLGBTQQIA+ regional and community representatives in planning initiatives and attending related events. Gatherings are intended to bring Métis women, youth, children, families, and 2SLGBTQQIA+ people together in community to share culture, ceremony, and healing.[17,28]

Sashing Our Warriors Campaign

This campaign is a grassroots movement calling attention to the impacts of violence on Métis women and girls, and those who identify with them. The campaign has supported numerous MNBC Chartered Communities to host Sashing Our Warriors gatherings and dialogues, and launched the *Thanks for Listening* report.[19] Through the power of Métis ceremony, sashing, and gifting, the Sashing Our Warriors campaign promotes emotional, mental, and spiritual healing for Métis people and communities.[52,53]

Substance Use and Harm Reduction

"Substance use" refers to the use of drugs and alcohol. Substance use occurs along a spectrum: it may be legal, prescribed, or spiritual, and it may be illegal or problematic.[55] The five key stages of the substance use spectrum are as follows:

1. Non-use or abstinence
2. Beneficial use (e.g., use for personal enjoyment or for medicinal or ceremonial purposes)
3. Lower-risk use, which has few negative health or social consequences
4. Higher-risk use, also known as problematic substance use, which may have negative health, safety, and relational consequences for the user as well as their friends and family
5. Addiction or substance use disorder[56]

A substance use disorder is a "treatable medical condition that affects the brain and involves compulsive and continuous [substance] use despite negative impacts to a person, their family, friends, and others."[56] Substance use disorders are diagnosed through interaction with the medical system when a substance user exhibits clinically significant impairment or distress.[57] For some individuals, substance use may be a means of coping with feelings such as sadness, loneliness, despair, anxiety, anger, loss, and disconnection from family, culture, and community. Mental health challenges can also perpetuate the cycle of self-medicating with substances. This section of the report explores the connections between mental health and wellness and substance use that is problematic or disordered.

Barriers to accessing safe and effective programming and services to address problematic or disordered substance use include stigma, fear of re-traumatization within the healthcare system, a lack of Métis-specific services informed by an understanding of cultural wellness and cultural safety, lack of primary care providers, lack of available spaces in substance use programs and facilities, and regulatory barriers to prescribed alternative substance use services.[58] Abstinence-based substance use services—which have zero-tolerance policies around substance use while a person accesses services or programming—also present barriers and may result in unintended harms for users seeking treatment. For example, research shows that abstinence-based programming can result in higher risk of overdose for people who use opioids, largely due to reduced tolerance following periods of abstinence.[59]

"Harm reduction" is an approach rooted in compassion and non-judgement that promotes wellness for substance users through programming and supports that empower

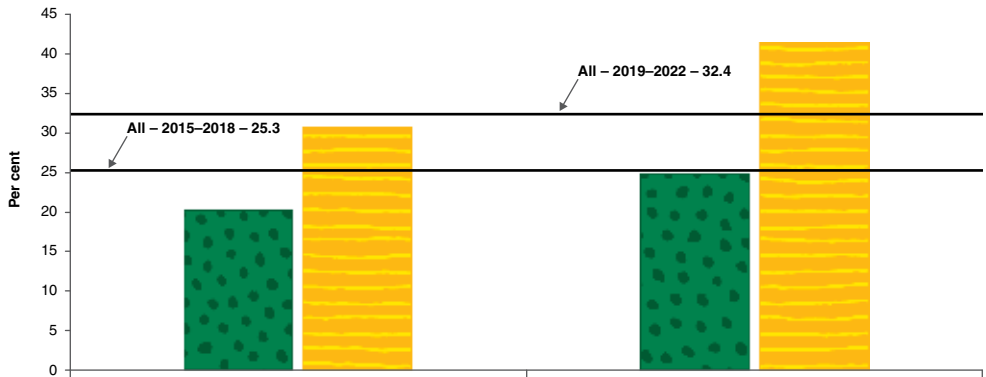
> *I don't even think about the way it could affect the people I love or what it could do to me in the future, I end up not caring about how much it would crush my family if I died, if my addiction can take my everything it can take my life without question.*
>
> – Naomie Gladue[77]

safer and healthier substance use. Harm reduction does not *encourage* substance use, but focuses on supporting substance users by promoting self-determination, reducing stigma and discrimination, increasing knowledge of safer substance use practices, and reducing illness, harms, and deaths related to substance use.[60,61,62] Harm reduction approaches can include education and supplies for safer use, prescribed or alternative supply, and connections to employment services, treatment programs, and social supports.[61] Harm reduction programming and services have been shown to be more effective than abstinence-based programming at reducing substance-related illness[64] and overdose,[65] and they better align with Métis worldviews.[66,67,68]

While substance use is often associated with illegal drugs, it also includes the use of legal substances, including tobacco and alcohol. In terms of tobacco use, analyses completed for this report show that there has been an overall decrease in tobacco smoking among Métis people in BC in recent years, but that rates of vaping among Métis youth in BC remain high (see Appendix C for details).

Figure 6.5 shows the percentage of self-identified Métis people in BC age 18 and older who reported heavy drinking in the previous year, by sex, for the four-year periods 2015–2018 and 2019–2022. As this shows, Métis males reported substantially higher rates of heavy drinking than Métis females in both time periods. While the percentage who

FIG 6.5 **Self-reported Heavy Drinking among Métis People, Age 18+, by Sex, BC, 2015–2018 and 2019–2022**



Notes: Heavy drinking refers to men who reported having five or more drinks, or women who reported having four or more drinks, on one occasion, at least once a month in the previous year. Data points represent four-year survey sample estimates. The estimates for both females and males should be interpreted with caution due to high sampling variability. See Appendix B for more information.
Source: Statistics Canada, Canadian Community Health Survey, Table 13-10-0924-01 Health indicators for First Nations people living off reserve, Métis and Inuit, by age group and sex, four-year period estimates. Prepared by Population Health Surveillance and Epidemiology, BC Office of the Provincial Health Officer, BC Ministry of Health, May 2025.

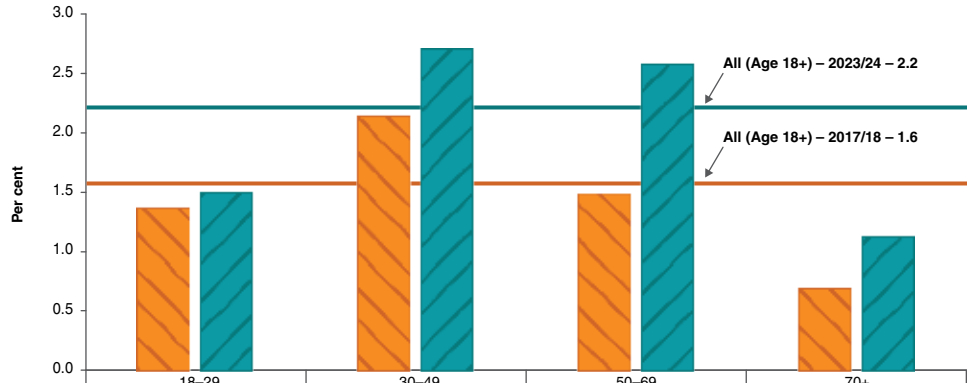
reported heavy drinking increased for both females and males over time, the proportional increase was higher among Métis males.

"Heavy drinking" (also known as heavy episodic drinking) is a form of problematic or high-risk drinking that can be defined as having four or more drinks on one occasion, at least once a month in the past year (for women) or having five or more drinks on one occasion, at least once a month in the past year (for men).[69,70,71] In 2023, the Canadian Low-Risk Drinking Guidelines were replaced with Canada's Guidance on Alcohol and Health, which reframes the guidelines and states that drinking less is better, regardless of your age, gender, ethnicity, or tolerance.[72] Alcohol use in BC is known to have increased during the COVID-19 pandemic;[73] despite this increase, 16.3 per cent of Métis people in BC who responded to the 2021/2022 Canadian Community Health Survey reported having had no alcoholic drinks in the previous year.[74]

Figure 6.6 shows the prevalence of diagnosed substance use disorders among MNBC Citizens in BC age 18 and older, by age group, in 2017/18 and 2023/24. As this shows, substance use disorders increased among all age groups between 2017/18 and 2023/24. The most substantial increase (from 1.5 to 2.6 per cent) was among the 50–69 age group.

These increases may be partly due to COVID-19, which was declared a global pandemic in March 2020, and had far-reaching societal impacts.[75] Public

FIG 6.6 **Substance Use Disorder Prevalence, Métis, Age 18+, by Age Group, BC, 2017/18 and 2023/24**



Notes: "Métis" includes Métis Citizens registered with Métis Nation British Columbia who were 18 years or older as of March 31, 2018, for 2017/18 data, and as of March 31, 2023, for 2023/24 data, and who consented (opted in) to have their data included in the Métis Population Health Program. See Appendix B for more information.
Sources: BC Ministry of Health, Chronic Disease Registries and Client Roster (Release V2024); Métis Cohort 2019, 2023 from Métis Nation British Columbia. Prepared by Population Health Surveillance and Epidemiology, BC Office of the Provincial Health Officer, BC Ministry of Health, June 2025.

responses to curb the spread of COVID-19 (e.g., stay-at-home guidelines, temporary business and service closures), as well as fear of COVID-19 itself, created and intensified stress and isolation, leading to poorer mental health, increased substance use, and greater barriers to accessing healthcare and harm reduction services for many people.[75] In BC, Métis people were among the populations disproportionately impacted by the pandemic.[75]

Harm Reduction Work at Métis Nation British Columbia

MNBC harm reduction programming and services provide information about safer use practices that align with Métis-specific cultural wellness and cultural safety. In the Métis context, harm reduction is centred in community wisdom, rooted in the idea of culture as medicine, and intended to foster positive mental health and wellness for Métis individuals and communities across all life stages, from prenatal to end-of-life.[76] MNBC's approach involves working with Métis individuals and their families "where they are at" and walking alongside them with care and respect toward their wellness goals. This may include supporting people to access essential resources, programs, and services in ways that are culturally safe and grounded in Métis values or offering safe spaces for dialogue on harm reduction and Métis culture. MNBC continues to highlight the need for wholistic approaches to substance use and advocate for policies that will better foster the health, wellness, and resilience of Métis individuals and communities—including reducing stigma and increasing recovery spaces, opportunities for cultural connection, and education-based initiatives.

Source: Métis Nation British Columbia

> *I become drained of my happiness. I start to feel worthless and put myself into a deep depression, my brain shuts down and goes into deep hatred for using. My addiction has affected my spiritual part of me in so many ways and [I'm] still trying to figure it out.*
>
> – Naomie Gladue[77]

NAOMIE'S STORY AND HARM REDUCTION

The dedication to Naomie Gladue at the beginning of this report is a tribute to a young Métis woman whose life ended much too soon. Mental health and wellness is one of the top priorities for MNBC, as the ongoing loss of life—driven by the absence of culturally safe and accessible wellness services—continues to have devastating and unacceptable impacts on Métis communities. With support from Naomie's family, MNBC shares Naomie's story as an example of a Métis experience in a substance use treatment centre to advocate for safer care and reignite the commitments for improved Métis mental health and wellness resources, programs, and services. In the wake of Naomie's tragic passing, and the loss of countless other Métis lives, MNBC continues to advocate for Métis cultural wellness and cultural safety across social services and health settings through the following initiatives:

- **Naomie's Case Study:** A comprehensive case study to learn from and reflect on the decisions that led to Naomie's death, including systemic barriers and problematic policies. This will be made available for Community and healthcare teams alike to learn from Naomie's story and the gaps that continue to exist in our systems.
- **Naomie's Principle:** MNBC is working with external partners to develop Naomie's Story into Naomie's Principle, a policy for how to provide Métis-specific culturally safe care in treatment and recovery centres.[78] This will help ensure that all Métis people in BC have equitable access to culturally safe mental health and harm reduction supports and services that are free from systemic biases, racism, and discrimination. The Principle will be grounded in Métis identity, promoting cultural, mental, emotional, physical, and spiritual wellness. This ongoing work will guide MNBC's efforts to uplift Métis navigating healthcare systems.
- **The Métis Health and Wellness Experience Circle:** An advisory circle that has become a focal point for community engagement with an intent to inform the case study and document Métis wellness experiences. This diverse group of Métis Community members from across BC has provided insight into Naomie's Story, participated in cultural gatherings, and helped consult on Métis health priorities.
- **The Métis Health Experience Program:** This program assists Métis individuals, families, and communities across BC to navigate the healthcare feedback process.[79] The program is working to expand its criteria to include addiction recovery centres, an often-overlooked area for healthcare feedback, and the provincial Assisted Living Registry, which manages the registration of mental health and community residential care. More information on this program is available at https://www.mnbc.ca/mhe.

The work resulting from Naomie's passing is still ongoing and may expand into additional areas. Melanie Cervo, Naomie's mother, has shared two pages from Naomie's Narcotics Anonymous steps book (see pp. 92–93) to let young Métis people struggling with mental health and substance use issues know they are not alone. MNBC extends our heartfelt thanks to Melanie Cervo for sharing these journal images and for entrusting us with the gift of her daughter's story.

Narcotics Anonymous

Step one:

1. Being trapped in your trauma, feeling lost in Emotional Decay and Mental health. Not understanding how trapped you actually are

2. Recently hallucinations have been making my mind run to my eating disorder, making me think I'm better with the drugs & Alcohol than without

3. I get so anxious, I feel the anxiety take over until I finally decide to use. My thinking follows a pattern by letting the obsession of addiction take full control I try to push it to the side but eventually I cave and run to my old thought patterns.

4. Sometimes I think 'well I have no money' or 'I owe someone money' but I just end up going to someone sole and getting what I want from them instead of pay my debts or just end up wanting to do stupid things to myself or other people like, stealing, cheating, lying so I can get the stuff I believed was good for me.

5. I dont even think about the way it could affect the people I love or what if could do to me in the future, I end up not caring about how much it would crush my family if I died, if my addiction can take my everything it can take my life without question.

6. Physical withdrawals, not being able to eat so I drop 50lbs in a short period, my skin breaks out and I get to the point I can't physically do anything.

Mentally I become drained of my happiness I start to feel worthless and put myself into a deep depression my brain shuts down and goes into deep hatred for using

My addiction has affected my spiritual part of me in so many ways and I still trying to figure it out.

I start to cry because I feel ridiculous about how much hurt I have in my heart. for putting myself through so much toxic situations

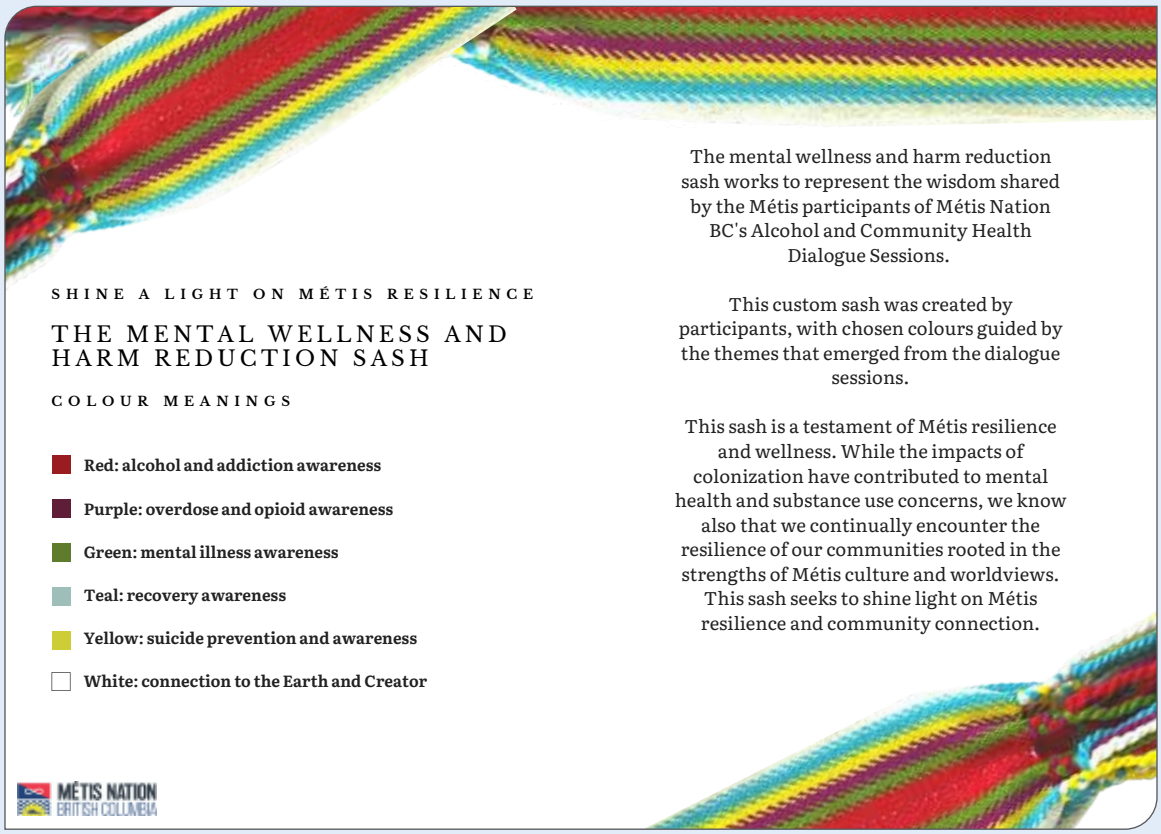
Pages from Naomie Gladue's Narcotics Anonymous steps book. Courtesy Melanie Cervo, Naomie's mother.

Following is a transcription of the two handwritten pages from Naomie Gladue's Narcotics Anonymous steps book that appear on the previous page of this report.

Step one:

1. Being trapped in your trauma, feeling lost in Emotional Decay and Mental health. Not understanding how trapped you actually are
2. Recently hallucinations have been making my mind run to my eating disorder, making me think I'm better with the drugs & Alcohol than without
3. I get so anxious. I feel the anxiety take over until I finally decide to use. My thinking follows a pattern by letting the obsession of addiction take full control. I try to push it to the side but eventually I cave and run to my old thought patterns.
4. Sometimes I think 'well I have no money' or 'I owe someone money' but I just end up going to someone else and getting what I want from them instead of pay my debts or just end up wanting to do stupid things to myself or other people like stealing, cheating, lying so I can get the stuff I believed was good for me.
5. I don't even think about the way it could affect the people I love or what it could do to me in the future, I end up not caring about how much it would crush my family if I died, if my addiction can take my everything it can take my life without question.
6. Physical withdrawals, not being able to eat so I drop 50lb in a short period, my skin breaks out and I get to the point I can't physically do anything.

- Mentally I become drained of my happiness. I start to feel worthless and put myself into a deep depression, my brain shuts down and goes into deep hatred for using
- My addiction has affected my spiritual part of me in so many ways and I still trying to figure it out.
- I start to cry because I feel ridiculous about how much hurt I have in my heart, for putting myself through so much toxic situations.



Métis Nation British Columbia's Mental Wellness and Harm Reduction Sash.
https://www.mnbc.ca/sites/default/files/2022-10/MIAW-mental-wellness-and-harm-reduction-sash-full-post_0.pdf

Harm reduction work carried out by MNBC's Ministry of Mental Health and Harm Reduction (MHHR) began in 2020 with a focus on education and awareness through Tobacco Cessation Programs and Alcohol Dialogue Sessions. In fall 2023, MHHR started the Peer Support Through a Métis Lens—Substance Use and Addictions Program in Vancouver's Downtown Eastside and Surrey, providing comprehensive wellness and harm reduction services centred on cultural wisdom, community values, and the belief that culture is medicine. Unfortunately, this successful program concluded in March 2024 due to a lack of consistent funding, highlighting that funding barriers have prevented sustainable support from being offered to individuals. In July 2025, MHHR's outreach and harm reduction programming provided new supports through the Moonchikanihtaahk aen paykiiwayhk (Homecoming) program. These supports included the establishment of Peer Support Outreach Teams in three BC communities to provide essential connections to harm reduction supplies, community, and culture. In addition, MHHR established province-wide Harm Reduction Coordinators to help Métis individuals access essential resources, programs, and services in ways that are

culturally safe and grounded in Métis values, and offer a safe space for dialogue on harm reduction and Métis culture. Harm Reduction Family Support Specialists were also brought on to support the wellness journeys of Métis individuals and families and to develop tools grounded in cultural teachings and wellness strategies. The Moonchikanihtaahk aen paykiiwayhk (Homecoming) program work was designed to enhance existing supports, extend the network of care along the continuum of substance use and healing in the Métis Community, and incorporate Métis ways of knowing and being. However, the funding for this program ended in March 2026, disrupting the Peer Support Outreach Teams that had supported and connected with more than 300 individuals.[77] While MNBC and MHHR are adept at working with Métis people and communities to develop effective, collaborative programs and solutions, the lack of consistent and reliable government funding to continue these programs is a recurring problem. Short-term, insecure funding creates instability and limits MNBC's ability to provide sustainable supports, leading to widening barriers for Métis people.

MNBC'S TOGETHER IN WELLNESS KINSHIP AND HEALING CIRCLE

This circle offers a supportive space for Métis Community members who may be navigating substance use, grief, low self-worth, or challenges related to coping and wellness. It explores meaningful themes, encourages reflection, and fosters connection in a culturally grounded environment.[63,66] If you are interested in participating, please email harmreduction@mnbc.ca.

Conclusion

Building on the themes and topics introduced throughout this report, this chapter examines three priority topics for Métis mental health and wellness in BC: Métis-specific cultural wellness and cultural safety, gender-based violence—including intimate partner violence, sexual violence, and the epidemic of missing and murdered Indigenous women, girls, and 2SLGBTQQIA+ people—and substance use and harm reduction. This examination shows how settler colonial ideals, policies, and practices have contributed to, and continue to shape, the lack of Métis cultural safety and cultural wellness in healthcare and social service settings, as well as the gendered impacts of settler colonialism, including the ongoing epidemic of gender-based violence, intimate partner violence, and missing and murdered Indigenous women, girls, and Two-Spirit people. In addition, this chapter discusses the links between settler colonialism and problematic substance use, and the need for culturally safe, trauma- and violence-informed harm reduction approaches and solutions rooted in Métis cultural knowledge, Métis cultural and Community connectedness, and Métis ways of knowing and being. While solutions must be Métis-driven, settler colonial governments and institutions hold the responsibility to do the bulk of the work (the "heavy lifting") to make positive change happen. The following and final chapter of this report provides specific recommendations for improvement on the path to truth and reconciliation.

Chapter 7:
Moving Forward

What makes me resilient is my creativity that the Métis are well known for; I learned to bead when I was seven and as I got older, I found out what it means to be Métis; I now teach culture, which is so rewarding to see the children participating; it is important to keep cultural traditions alive; I am constantly learning to pass along information.

– Métis Elder on resilience and cultural practices[1(p.17)]

Otipemisiwak—"the people who own themselves"[2] or "the people who govern themselves"[3]—is a term often chosen by Métis people to describe themselves. As this suggests, Métis people and history are characterized by strength, resilience, and an independent spirit.[4,5] This spirit persists for Métis people despite the ongoing racism, discrimination, and colonial oppression that create challenges for wholistic health and wellness. Métis people continue to demonstrate resistance and resilience through revitalizing and sharing their own traditional knowledges, languages, ways of being and knowing, culture, history, and kinship roles and responsibilities, and by promoting a sense of belonging.[6,7,8] Métis culture is deeply interwoven with wholistic understandings of Métis health and well-being.[9,10]

Cultural teachings, stories, and Métis values of respect, kindness, reciprocity, and care for human and non-human relations are passed down through the Matriarchs, family, and Community connections.[8] They are often shared through informal gatherings around the kitchen table, when making food, beading, or learning to jig.[8,10] Cultural foods and food practices connect Métis people with community, kin, culture, Métis heritage, and the environment. The relationships formed and maintained in these ways help sustain the balance between mental, spiritual, physical, and emotional dimensions of wellness.[10,11]

Source: Métis Nation British Columbia
Photo by David Aguilar

Summary and Discussion

This report provides a brief overview of Métis identity, history, and culture, as well as Métis perspectives on wholistic health and wellness—including mental, emotional, spiritual, social, economic, and physical aspects of health and wellness. It discusses the Métis Population Health Program (MPHP) in BC and the strong and mutually respectful partnership between Métis Nation British Columbia (MNBC) and the Office of the Provincial Health Officer (OPHO).

One of the drivers of this report was the knowledge that a large proportion of MNBC Citizens and self-identified Métis people in the province face substantial mental health and wellness challenges, particularly women and girls, 2SLGBTQQIA+ people, and youth.

> *In conversations with Métis community members in BC, the importance of (re)connecting, strengthening, and sharing Métis culture was often discussed within the context of colonialism in Canada. In addition to discussing the detrimental, systemic impacts that colonialism has had on Métis people, these conversations also highlight Métis resistance and resilience, and the resurgence of cultural identity and relationships with the land. . . . It is integral that opportunities are continually made available—through research and other public platforms—for privileging Métis voices, voices that historically have been systematically silenced.*
>
> – Auger[12(p.15,23)]

> *Drake and Gaudry (2016) assert that the Métis' distinct history and resistance of colonial control have prolonged the recognition of their rights as an Indigenous nation.*
>
> – Nychuk, Kowalski, Gabel, and Henry[14(p.3)]

This report's many important findings include information about why this may be. Clearly, many factors have contributed to Métis people's experiences of declining mental health and wellness, such as the unregulated toxic drug emergency, the COVID-19 pandemic, and the climate crisis. These events and crises have added to the impacts of ongoing settler colonialism and associated harms caused by racism, discrimination, patriarchy, systemic white supremacy, ableism, and cis-heteronormativity.

The harms explored in this report include themes of cultural loss and dislocation, disconnection from land,[13] intergenerational and colonial trauma, and the attempted erasure of the Métis as a distinct Nation,[14] including the marginalization of specific populations such as Métis 2SLGBTQQIA+ people.[15] Chapter 6 explores the priority topics of Métis-specific cultural wellness and cultural safety in the healthcare system; the ongoing epidemic of gender-based violence, including the crisis of missing and murdered Indigenous women, girls, and 2SLGBTQQIA+ people; and substance use and harm reduction. These are key areas where evidence-based recommendations for policy and practice change are critical to improving the mental health and wellness of Métis people in BC.

While MNBC and Métis Chartered Communities across BC are working to promote wholistic health and wellness and cultural connectedness for all Métis people in BC, they cannot do it alone. Settler-colonial governments and institutions must work with MNBC and its representatives and constituents to address and undo colonial harms—as highlighted in documents such as *Taanishi kiiya? Miiyayow Métis saantii pi miyooayaan didaan BC* (the MPHP baseline report),[15] the *United Nations Declaration on the Rights of Indigenous Peoples*,[16] and the BC *Declaration on the Rights of Indigenous Peoples Act*.[17]

Recommendations and Next Steps

As explored in Chapter 2, MNBC and its partners have taken many actions that support the recommendations made in the MPHP baseline report. As this report also shows, more action is needed to continue advancing those recommendations, to address the concerning health trends identified, and to support the overall health and wellness needs of Métis people in BC. Findings presented in Chapters 3 to 6 show that systems and institutions in BC are still perpetuating racism and marginalizing Métis people, particularly Métis women, girls, youth, and 2SLGBTQQIA+ people.

In the spirit of growth and an ongoing commitment to Métis health and wellness, the MPHP project team and executive sponsors remain dedicated to the recommendations offered in the baseline report, which are re-presented here. This report also makes additional recommendations to guide continued work to support the rights, health, and wellness of Métis people in BC. These recommendations are made for colonial governments (the federal government, the BC provincial government, and municipal and regional governments across BC) as well as additional partners in the BC health and social service sectors.

Many systems partners are needed to advance these recommendations and the overall health and wellness outcomes of Métis people in BC. The roles and responsibilities of colonial governments span multiple sectors, ministries, and levels of government. MNBC remains committed to advancing action on these recommendations, and recognizes that additional actions are also needed to uphold the rights of Métis people to be self-determining and well-supported on their health and wellness journeys and to have access to culturally safe and appropriate care.

The priority areas and recommendations below can best be understood as collaborative undertakings involving both "basket work" and "copper pot work." This terminology reflects a framework developed within a project focused on unlearning and undoing systemic white supremacy and Indigenous-specific racism.[18] This project asks "what work?" and "whose work?" in relation to activities designed to advance and uphold truth, rights, and reconciliation (for more information, see www.youtube.com/watch?v=NlAIZbZrZdo&t=2641s).[19(36:28)] According to this framework, "basket work" refers to Indigenous health and wellness work that is done *by* First Nations, Métis, or Inuit, and *for* First Nations, Métis, or Inuit. Basket work relies on Indigenous knowledges and promotes cultural continuity. "Copper pot" work is the responsibility of non-Indigenous settlers,

Source: Métis Nation British Columbia

including federal and provincial governments, and specifically includes leadership within the mainstream BC health system.[18] The recommendations offered here include both basket and copper pot responsibilities and will require true collaboration and sincere partnership.

For each recommendation, the project team has identified parties who are "accountable" and those who are "support." "Accountable" parties are those who hold responsibility for initiating, leading, and championing the work of that recommendation through to completion. They also hold responsibility for proactively seeking meaningful collaboration and partnerships with MNBC, Métis Communities, and other supporting people and organizations. "Support" parties are those who should be active collaborative participants and who are invited to be meaningfully involved in the work. They do not have accountability for completing the work, but they hold expertise or lived experience that will have significant benefit to the outcomes of the work. The list of supportive parties is not exhaustive, and the project team encourages accountable parties to initiate additional connections and collaboration as needed to help fully realize the benefits of the recommendations.

In this spirit of moving forward together, MNBC and the OPHO reassert the four priority areas and recommendations made in the 2021 *Taanishi kiiya?* MPHP baseline report[x] and offer 15 additional recommendations.

x See Chapter 2 for updates on work underway to respond to the four original priority areas and recommendations.

PRIORITY #1:
IMPROVED MÉTIS HEALTH AND WELLNESS THROUGH UPHOLDING MÉTIS SELF-DETERMINATION

Baseline Report Recommendation 1: Create accountabilities to Métis health and wellness within the MNBC–Province of British Columbia Métis Relations Working Table by establishing a Health and Wellness sub-Working Table.

Baseline Report Recommendation 1 Status Update: The Métis Health and Wellness sub-table has been established and meets every two months, or more often if needed (see Chapter 2 for further details).

The Métis are an Indigenous People with Section 35 rights; however, they face barriers in accessing health care. Métis people are currently not eligible for the Non-Insured Health Benefits (NIHB) program for health insurance funded by the federal government, as it is only applicable to eligible First Nations and Inuit. Within the healthcare system, Métis people may experience challenges when health professionals do not provide culturally safe care or when they use a pan-Indigenous lens. To promote self-determination and inclusion, Métis Communities must be included in healthcare system planning.

Additional recommendations

1.1 Advance the inclusion of Métis rights to self-determination, Métis sovereignty, and Métis Section 35 rights in BC provincial systems planning, policies, and services—including health system planning and service design—by prioritizing implementation of *BC DRIPA Action Plan 2022–2027* actions 1.2, 1.3, 1.4, and 4.26 (see https://declaration.gov.bc.ca/).[20]

- **Accountable:** BC Ministry of Indigenous Relations and Reconciliation, Declaration Act Secretariat, BC Ministry of Finance, Métis Nation BC
- **Support:** The Province of BC, including all ministries

1.2 Provide flexible, sustainable, and progressively growing funding to Metis Nation BC (MNBC) to support the design, delivery, and expansion of health services, including a Métis primary care strategy, grounded in Métis culture and Métis ways of knowing. This funding must clearly uphold MNBC's rights to self-determination, enabling the Nation to develop and lead services that advance the cultural, mental, emotional, physical, financial, environmental, social, and spiritual wellness of Métis care recipients.

- **Accountable:** BC Ministry of Health, Métis Nation BC
- **Support:** BC Ministry of Indigenous Relations and Reconciliation, Declaration Act Secretariat, BC regional and provincial health authorities

PRIORITY #2:
FULLY REALIZED MENTAL HEALTH AND WELLNESS FOR MÉTIS PEOPLE

Baseline Report Recommendation 2: Develop a Métis Mental Health and Wellness Action Plan to improve mental wellness, reduce problematic substance use, and address the harmful effects of colonialism, assimilation attempts, and the residential school system.

Baseline Report Recommendation 2 Status Update: A standalone Métis Mental Health and Wellness Action Plan has not yet been developed. In the interim, MNBC is working to integrate its newly developed Métis Mental Health and Harm Reduction Framework into healthcare standards and practices across the province.

As demonstrated in this report, Métis people may experience mental health challenges—particularly women and girls, youth, and 2SLGBTQQIA+ people. These challenges are consequences of the negative impacts of colonialism and assimilation attempts such as the residential school system. Promoting intergenerational healing and mental wellness requires expanding access to wellness programs that are wholistic and grounded in Métis culture and ways of knowing.

Additional recommendations

2.1 That the Province of BC work with MNBC to develop a Métis Mental Health and Wellness Action Plan as set out in Baseline Report Recommendation #2.

- **Accountable:** BC Ministry of Health, BC regional and provincial health authorities
- **Support:** Métis Nation BC

2.2 Honour the legacy of Naomie's Story by increasing timely access for Métis people in BC to provincially funded, culturally safe, and Métis-grounded treatment and recovery supports, including the establishment of Métis-specific beds and wellness facilities. This must include formal mechanisms that empower MNBC to intervene on behalf of, advocate for, and support MNBC Citizens and self-identified Metis within treatment and recovery pathways, ensuring that care is culturally safe and responsive to Métis wellness needs.

- **Accountable:** BC Ministry of Health, BC regional and provincial health authorities
- **Support:** Métis Nation BC

2.3 Fund MNBC to design and implement Métis-led, trauma-informed mental wellness, substance use, and harm reduction services that draw directly on the cultural teachings, practices, and knowledge shared by MNBC Citizens and Communities, in alignment with *BC DRIPA Action Plan 2022–2027* actions 4.11 and 4.12.[20]

- **Accountable:** BC Ministry of Health, Métis Nation BC

- **Support:** BC regional and provincial health authorities, BC Ministry of Public Safety and Solicitor General, BC Ministry of Attorney General

2.4 Fulfil existing provincial commitments under *In Plain Sight* and the *BC DRIPA Action Plan 2022–2027* by requiring all health professionals to complete MNBC-led and -delivered Métis cultural wellness education as part of mandatory Indigenous Cultural Safety (ICS) training (e.g., the UBC-accredited Miyo-pimâtisowin: Métis Cultural Wellness Education for Healthcare Professionals course).

- **Accountable:** BC regional and provincial health authorities, BC Ministry of Health, BC Emergency Health Services, and Regulatory Colleges
- **Support:** Métis Nation BC

2.5 Adopt, implement, and embed the MNBC Métis Mental Health and Harm Reduction Framework into healthcare standards of practice and the joint work plans with regional health authorities and the BC Ministry of Health.[y]

- **Accountable:** BC Ministry of Health, BC regional and provincial health authorities, Métis Nation BC
- **Support:** Healthcare Standards Organization/Accreditation Canada

PRIORITY #3:
LIFESTYLE AS MEDICINE FOR MÉTIS PEOPLE

Baseline Report Recommendation 3: Develop and action a Métis "Lifestyle as Medicine" Health and Wellness Strategy that recognizes and reflects Métis cultural traditions and values.

Baseline Report Recommendation 3 Status Update: An overarching strategy is yet to be developed, though Métis Health and Wellness Plans are in place or being advanced through partnerships between MNBC and four of BC's five regional health authorities, as well as with the Provincial Health Services Authority and the BC Ministry of Health (see Chapter 2 for further details).

Culture is an integral component of Métis people's health and lives. Cultural connectedness is a key determinant of Métis health and wellness, and Métis-led studies have highlighted how engaging in cultural activities can be therapeutic and healing.[21] While racism and colonialism have disrupted connections to culture, supports and services that link Métis people to their community and culture can enhance Métis identity and community connectedness and improve health outcomes. Nonetheless, Métis do experience challenges in receiving health care that is grounded in Métis culture, including limited Métis-specific services and a lack of sustainable funding for Métis community services and healthcare advocates.[22]

y As of December 2025, three of the five regional health authorities are collaborating with MNBC on publishing health plans: the Northern, Interior, and Fraser health authorities. These plans are available on their respective websites (for Northern Health, see https://www.indigenoushealthnh.ca/initiatives/metis-health-and-wellness; for Interior Health, see https://www.interiorhealth.ca/stories/celebrating-mnbc-ih-metis-health-and-wellness-plan; for Fraser Health, see https://www.fraserhealth.ca/health-topics-a-to-z/indigenous-health/cultural-safety-and-humility). Discussions are underway to initiate this work in Island Health, the Provincial Health Services Authority, and the BC Ministry of Health.

Additional recommendations

3.1 Establish a standardized, predictable model for sustainable funding to MNBC to increase the viability of Métis Community gatherings in all Métis Chartered Communities to promote continuous access to culture, care, connection, and community.

- **Accountable:** The Province of BC
- **Support:** BC Ministry of Indigenous Relations and Reconciliation, BC Ministry of Health, BC regional and provincial health authorities, Métis Nation BC, municipalities, non-governmental organizations

3.2 Establish a system-wide commitment for regional health authorities and the BC Ministry of Health to collaborate with MNBC in the co-design and implementation of the BC Cultural Safety and Humility Standard (BC CSH Standard).[23] This must entail the inclusion of MNBC's Executive Director, Health and Wellness, as a standing member of all provincial health system tables that guide the implementation and response to the BC CSH Standard and *In Plain Sight* report recommendations, such as the Vice Presidents' Table for Indigenous Health.

- **Accountable:** BC regional and provincial health authorities, BC Ministry of Health, Healthcare Standards Organization/ Accreditation Canada
- **Support:** Métis Nation BC

3.3 Formally recognize significant cultural days for Métis people to increase broader public awareness of Métis history and culture (e.g., Louis Riel Day). This commitment must be grounded in co-developed Métis-specific content that increases awareness of how colonial systems, racism, and discrimination shape Métis worldviews, history, culture, and health outcomes.

- **Accountable:** The Province of BC, BC Ministry of Indigenous Relations and Reconciliation, municipalities, Métis Nation BC
- **Support:** BC Ministry of Health, BC regional and provincial health authorities, non-governmental organizations

PRIORITY #4: COLLABORATIVE, ROBUST, SELF-DETERMINED MÉTIS HEALTH INFORMATION SYSTEMS

Baseline Report Recommendation 4: Develop and implement culturally safe, self-determined processes that facilitate robust data collection to monitor the health and wellness of all Métis people living in BC. This must include upholding Métis data governance standards, and accurate identification of registered MNBC Citizens and self-identified Métis people within provincially held datasets.

Baseline Report Recommendation 4 Status Update: Progress to date includes MNBC engagement on the Indigenous Administrative Data Standard soon to be released by the Province of BC.

Additional recommendations

4.1 Establish a Métis identifier in provincial datasets that is governed by the Métis Data Governance Committee (MDGC). The MDGC must have authority to ensure that data access and use are appropriate, culturally safe, and accountable to MNBC governance.

- **Accountable:** BC Ministry of Citizens' Services, Métis Nation BC, Métis Data Governance Committee
- **Support:** BC Ministry of Health, BC Ministry of Indigenous Relations and Reconciliation, Office of the Provincial Health Officer

4.2 That the BC Coroners Service engage with MNBC and the MDGC to immediately begin work on a Métis data governance protocol, include MNBC on death review panels, ensure culturally safe and appropriate interactions with Métis populations, improve Métis identification, and provide MNBC with timely access to data on MNBC Citizens.

- **Accountable:** BC Coroners Service, Métis Nation BC, Métis Data Governance Committee
- **Support:** BC Ministry of Health, Office of the Provincial Health Officer

4.3 Remove barriers to Métis-specific data access, governance, and use, by (i) immediately establishing BC government policy and practice directives that recognize MNBC's role in the governance and oversight of all Métis data held by the Province, and (ii) granting MNBC Indigenous Governing Body Stewardship Custodian status in provincial data legislation.

- **Accountable:** BC Ministry of Health, Corporate Services Division; BC Ministry of Indigenous Relations and Reconciliation; BC Ministry of Citizens' Services
- **Support:** Métis Nation BC, Office of the Provincial Health Officer

4.4 Require health authorities to co-develop Métis Population Profiles with MNBC and to use the data to advance Métis health and wellness priorities.

- **Accountable:** BC Ministry of Health, BC regional and provincial health authorities, BC Ministry of Citizens' Services
- **Support:** BC Ministry of Indigenous Relations and Reconciliation, Métis Nation BC

4.5 Incorporate the MDGC into research processes within Health Research BC to establish a research ethics board that ensures Métis worldviews, values, and cultural wellness are considered in research ethics.

- **Accountable:** Métis Nation BC, Health Research BC, BC research institutes
- **Support:** BC Ministry of Citizens' Services, BC Ministry of Health, BC Network Environment for Indigenous Health Research

Métis Nation British Columbia and the Office of the Provincial Health Officer have produced this report in the spirit of true partnership, reconciliation, and a commitment to moving forward together. Partnerships like these will continue advancing the rights of Métis people in BC to be fully supported in their wholistic health and wellness journeys.

Appendix A: Glossary

2SLGBTQQIA+	An acronym that includes Indigenous people who identify as Two-Spirit and all people who identify as lesbian, gay, bisexual, transgender, queer, questioning, intersex, and asexual, and others with fluid or non-binary sexual or gender identities.[1]
ambulatory care sensitive conditions	Hospital admissions related to conditions where appropriate ambulatory care, or care outside of a hospital setting, could prevent or reduce the need for hospital admissions among people under the age of 75. Also called avoidable hospitalizations. Monitoring of ambulatory care sensitive conditions is often used as a measure of the effectiveness of the healthcare system, and of access to primary care, to manage chronic conditions such as diabetes, asthma, hypertension, depression, and problematic substance use.[2]
baseline data	The data collected at the beginning of a project, program, study or intervention. These data serve as the starting point, or baseline, and can be compared to data collected at a later point in time to monitor progress toward project goals and targets.[3,4]
cisgender	Refers to people whose gender matches their sex assigned at birth.[5]
cis-heteronormativity	Refers to the social norms and beliefs that sex assigned at birth dictates one's gender and that heterosexuality is normal. This privileges those who are cisgender (those who live as the sex assigned at birth) and heterosexual (attracted to the opposite sex or gender within a male/female binary), while marginalizing and doing harm to 2SLGBTQQIA+ people.[6] Also see *2SLGBTQQIA+, cisgender.*
coercive control	A pattern of behaviour used to control or dominate an intimate partner or family member.[7,8]
criminal harassment	Patterns of behaviour where a perpetrator knowingly and repeatedly follows, communicates with, watches, or threatens someone, including stalking, as outlined in the Canadian Criminal Code, statute s.264.[9,10] These patterns of behaviour are criminal in nature, designed to psychologically harm victims, and are often precursors to heightened violence or fatal acts.[9]

cyber violence	Describes instances of violence (in this report, in the specific context of gender-based violence) where a perpetrator uses technology to cause harm, whether virtually or in person. This may include threats, harassment, bullying, or actions designed to embarrass, extort, coerce, torment, socially exclude, or lead to the assault of another person. Cyber violence is also known as "technology-facilitated violence."[11] Also see *gender-based violence*.
disAbility	Refers to the activity limitations, participation restrictions, and impairments of a person living with a given physical or mental health condition.[12] The "A" in disability is capitalized in this report to focus on the abilities of people who live with disAbilities and to help remove deficit undertones of the word.
distinctions-based	Describes an approach that explicitly recognizes and affirms the distinctly unique histories, cultures, rights, priorities, and interests of Métis, Inuit, and First Nations Peoples.[4,13,14]
femicide	The intentional murder of a woman or girl because of her sex or gender. Like other forms of gender-based violence, the perpetrator is often, though not always, a current or former male partner, spouse, or family member.[15,16] Also see *gender-based violence, gender-related homicide, intimate partner violence*.
First Nations	One of three distinct Indigenous Peoples in Canada (along with Métis and Inuit) whose inherent rights are recognized and affirmed in Section 35 of Canada's *Constitution Act, 1982.* First Nations people may be "Status" (registered) or "non-Status," as defined by the *Indian Act*.[17,18]
gender-based violence	Violence perpetrated against someone based on their gender identity, gender expression, or perceived gender. Gender-based violence (GBV) can include varying forms of physical, sexual, societal, psychological, emotional, and technology-facilitated violence and human trafficking.[19,20] Due to deeply embedded systems of discrimination and inequity (e.g., misogyny, racism, colonialism, transphobia, ableism), perpetrators are more likely to target populations such as women, girls, 2SLGBTQQIA+ people, Indigenous people, racialized people, and people with disAbilities.[21] Also see *intersectionality, intimate partner violence, femicide, gender-related homicide, human trafficking*.

gender-related homicide	The murder of a woman or girl by a male perpetrator who was an intimate partner or family member, who inflicted sexual violence, or where the victim was identified as a sex worker.[16] Also see *femicide, gender-based violence, intimate partner violence.*
Historic Métis Nation Homeland	A region that stretches from the Red River Settlement (modern-day Winnipeg)[25] across the Prairies to include "the area of land in west central North America used and occupied as the traditional territory of the Métis or Half-Breeds as they were then known."[26(p.11)]
human trafficking	The recruitment, holding, or moving of people against their will for the purpose of exploitation for profit.[27,28] Perpetrators of human trafficking exert control over their victims using coercion, threats, violence, and mental or emotional abuse or manipulation.[28] Human trafficking for the purposes of sexual exploitation is the most common form of human trafficking, where perpetrators disproportionately target women and girls.[28] Also see *gender-based violence.*
incidence	The number of new cases of a given disease or chronic condition diagnosed during a specific time period (e.g., one year) in a given population.[4,29] In this report, incidence is presented as a rate (e.g., rate per 1,000 people). Also see *prevalence*.
indicator	A typically quantitative measure used to monitor a certain topic (e.g., health and wellness) at the population level or assess the quality of health system performance.[30]
Indigenous Peoples	A collective term used to describe the original inhabitants of a given land or region and their descendants. There are three constitutionally recognized Indigenous Peoples in Canada: First Nations, Métis, and Inuit.[31] In this report, "Indigenous Peoples" is used instead of "Aboriginal Peoples," a government-imposed term that does not reflect the preferred language of many Indigenous Peoples.
intersectionality	A term first coined by Kimberlé Crenshaw to describe how various facets of one's identity (e.g., sex, gender, race, ethnicity, class, disability, sexuality, age, religion) act together to shape and compound experiences of oppression and privilege.[33]

intimate partner violence	Violence perpetrated by a current or former intimate partner (e.g., spouse, dating partner). Intimate partner violence (IPV) is a form of gender-based violence and can include varying forms of physical, sexual, emotional, financial, and psychological abuse. While people of any gender may experience IPV, it is most often perpetrated by men against women and non-binary people.[20] Also see *gender-based violence.*
Inuit	One of three distinct Indigenous Peoples in Canada (along with First Nations and Métis) whose inherent rights are recognized and affirmed in Section 35 of the *Constitution Act, 1982.* Inuit traditionally live across the circumpolar coastal regions of what is now known as Canada and other northern Arctic territories. The word Inuit is plural (singular: Inuk) and means "the People" in Inuktitut, one of several Inuit languages.[4,34,35]
Life Promotion	Describes approaches and interventions that address suicide and suicidal thoughts by promoting Métis people's connection to life and centring community strengths, culture, and capacity.[36]
matriarchal	Refers to societies that are socially, economically, politically, and culturally centred around women. While women are centred, matriarchal societies are also egalitarian, meaning people of all genders are equal.[37]
matrifocal	Refers to community or societal structures that centre women as leaders within families. In the Métis context, women are central to the transmission of culture, knowledge, and responsibilities to Métis Communities.[38]
matrilineal	Refers to kinship practices that follow family lineage through mothers. In the Métis context, the inheritance of culture, knowledge, and responsibilities to Community is passed through the mothers and grandmothers of a family.[40]
matrilocal	Refers to kinship practices that centre around the location of the mother's familial relations. In the Métis context, families residing close to, or with, the mother's parents and grandparents.[40]
MNBC Citizen	A person registered with Métis Nation British Columbia (MNBC). MNBC also uses the term "Métis Citizen."
Métis (singular)	A person who self-identifies as Métis, is of Historic Métis Nation ancestry, and is accepted by the Métis Nation.[4,26,39]

Métis (plural)	Refers to the Métis people as a Nation; "the Métis." The Métis are one of three distinct Indigenous Peoples in Canada (along with First Nations and Inuit) whose inherent rights are recognized and affirmed in Section 35 of the *Constitution Act, 1982*.[40] The Métis have their own distinct culture and identity characterized by a shared history, languages, worldviews, kinship networks, and connections to the Historic Métis Nation Homeland.[24,25,26,38] Also see *Indigenous Peoples*, *First Nations*, *Inuit*, *Historic Métis Nation Homeland.*
Métis cohort	Refers to MNBC Citizens who were age 18 or older as of a given date and who consented or opted in to have their data included in the Métis Population Health Program. See Appendix B for more information.
Métis youth	Defined by MNBC as Métis people age 15 to 30. This is important, as some data sources used in this report define youth differently (e.g., the BC Adolescent Health Survey reports on youth age 12 to 19).
Michif	Refers to three unique languages linked to Métis communities across the Historic Métis Nation Homeland: Southern or Heritage Michif, Northern Michif (also known as Cree-Michif), and Michif French. These languages combine elements of First Nations languages (Cree and Saulteaux) and European languages (French and English).[41] The Michif used in this report is primarily Southern or Heritage Michif as written by Elder Norman Fleury of St. Lazare, Manitoba.
Millennium or Millennial Scoop	See *Sixties Scoop*.
non-binary	Refers to people whose gender identity is not solely girl/woman or boy/man; they may identify as neither of these genders, as either or both, as another gender, or be undecided.[1,4,5]
other residents	This category includes all residents of BC who are not registered Métis Nation British Columbia (MNBC) Citizens. It includes non-Indigenous people, people who self-identify as First Nations or Inuit, self-identified Métis people who are not registered MNBC Citizens, and MNBC Citizens who have not consented or opted in to have their data included in the Métis Population Health Program. In this report, "other residents" is used as a comparison group when presenting Métis cohort data. Also see *Métis cohort, MNBC Citizen*.

pan-Indigenous	Refers to an approach that pertains to Indigenous Peoples generally without acknowledging or accounting for the distinct cultural identities, histories, worldviews, and priorities of Métis, Inuit, and First Nations Peoples. Also see *distinctions-based.*
patriarchal	Refers to social and cultural systems that centre, and are controlled by, men in both the public and private spheres.[42]
patrifocal	Refers to social and cultural systems that centre men in family and kinship structures. Gender roles are strictly defined and families tend to live close to, or with, the father's parents, which reinforces the power of men within family structures.[43]
patrilineal	Refers to social and cultural systems that follow family lineage and inheritance from father to son.[44]
prevalence	The total number of known cases (previously diagnosed and newly reported) in a population during a specific period or at a specific point in time. Prevalence is usually reported as a percentage (e.g., 5 per cent or 5 per 100 people). For chronic conditions in this report, "known cases" are known as a result of a person's interaction with BC's healthcare system.[4] Also see *incidence.*
relationality	A culturally specific perspective on the interconnectedness of Métis ways of being and knowing. Relationality is inherently tied to language, culture, and Traditional Knowledge.[45,46] Also see *wâhkôtowin.*
resilience	The ability or capacity of a person or group of people to live and thrive despite enduring hardship and adversity.[47] For Métis, resilience is demonstrated by an ongoing commitment to Nationhood and self-determination, and by engaging in cultural resurgence, despite enduring both historical and contemporary injustices, inequities, and oppression.[38]
scrip	Refers to a discriminatory system of land vouchers given to Métis people in the late 19th and early 20th centuries by the Canadian government[23] to dispossess them of their lands. Scrip gave small parcels of land to individuals rather than providing for a communal land base. These small parcels of land were often long distances from existing Métis Communities, and many Métis families sold or were defrauded of their scrip lands.[48,49,50]

self-determination	This is defined by Métis Nation British Columbia's constitution as the right of Citizens of the Métis Nation to "freely determine [their] political status and freely pursue [their] economic, social and cultural development."[26(p.2)] This includes the ability of MNBC Citizens to make choices concerning their own health, access to and delivery of health services, and health and wellness policies and governance.[51]
settler colonialism	A form of colonialism that is distinct in its desire to assert sovereignty over a territory through the elimination of Indigenous Peoples and the establishment of settler societies, judicial systems, government, power, and control over Indigenous Peoples' lands.[52] Settler colonialism is rooted in systemic white supremacy and has been linked to genocidal intention, practice, and policy.[32,53] Also see *Sixties Scoop, scrip*, *systemic racism, white supremacy*.
sexual violence	Any sexual coercion or force. Sexual violence includes sexual assault, exploitation, and harassment, sexual abuse of children, sexualized threats, and sharing sexual images without consent.[54,55] Also see *sexualized violence*.
sexualized violence	Acts of violence and aggression that operate by using sex and sexuality as tools to harm, humiliate, control, and oppress. Sexualized violence is an abuse of power that weaponizes sex and sexuality.[56,57,58] Also see *sexual violence*.
Sixties Scoop	Refers to the apprehension of Indigenous children through the child welfare system, beginning prior to and lasting for decades beyond the 1960s.[59] Many Métis babies and children were "scooped" from their families and communities and raised in primarily white households.[4] This is part of a long history of racist and discriminatory child welfare policies being used as weapons of settler-colonial oppression and assimilation. These policies and practices have continued to operate today, resulting in what is known as the Millennium (or Millennial) Scoop.[47,60]
social determinants of health	Refers to the social, political, and economic factors, conditions, and circumstances of an individual's life that affect their physical and mental health.[61] Social determinants of health include (and impact access to) education, employment, income, health care, housing, and social supports.[62] For Métis people, these determinants also include factors such as racism, colonialism, oppression based on gender diversity, (interruptions in) connection to culture, and both historic and contemporary experiences of marginalization.[63]

Spirit Plate	A plate of food for "those who have gone before." At feasts, Métis people may prepare a Spirit Plate, typically after the prayer but before anyone is served. This is practised by some but not all Métis people, and Spirit Plate teachings and practices can vary.[64(p.1),65]
systemic racism	This term describes race-based discrimination that is embedded into whole systems—such as health care, justice, educational, political, and economic systems—and the institutions, laws, norms, and policies that uphold these systems. Due to how racism is embedded into the foundational systems of society, systemic racism often serves to normalize racism through policies, practices, and norms, alongside individual and societal attitudes that continue to perpetuate racism.[66]
trauma- and violence-informed	Approaches and practices that recognize the connections between violence and trauma and negative health outcomes and behaviours. Trauma-informed and violence-informed approaches increase safety, control, and resilience for survivors accessing healthcare and social support services.[21,22]
Two-Spirit	A term used within Indigenous communities and contexts, reflecting the complexities of Indigenous understandings of sexual and gender diversity. Two-Spirit includes a range of sexual, gender, cultural, and spiritual identities. Indigenous individuals who identify as Two-Spirit may be referring to a range of non-binary gender roles as well as cultural roles and practices.[1,5] Also see *2SLGBTQQIA+.*
wâhkôtowin	A Métis/Cree concept that refers to the interconnectedness of all things and beings; it translates into English as "kinship" or "being related to each other." The principles of wâhkôtowin (or waahkoomiwayhk) embrace relationships between all human relatives and everything in creation, including the earth, lands and waters, plants and animals, stories, spirit, and the cosmos. Wâhkôtowin teachings govern the ways of being in relationship and centre respect, kindness, and caring with all our relations across time and space.[75]
well-being	A wholistic concept that encompasses health and wellness, happiness, prosperity, quality of life, life satisfaction, and how one feels overall. In Métis contexts, well-being also includes socio-political and cultural dimensions, connections to land, identity, family, sense of belonging within one's community or communities, and collective community well-being.[67,68]

wellness	A concept that focuses on lifestyle factors, social behaviours, and other things a person can do to increase their own mental, physical, emotional, and spiritual health and balance, thus contributing to one's quality of life.[69] Wellness is an integral component of the more wholistic concept of well-being.[70,71]
white supremacy	The systemic oppression and exploitation of continents and Indigenous, Black, and racialized peoples by white people, for the purpose of maintaining power and privilege.[72] White supremacy is upheld by a set of conditions, practices, and ideologies that support the dominion of whiteness and white political, social, cultural, educational, and economic systems and institutions. White supremacy creates space for systemic racism to continue in various forms, such as the overrepresentation of Indigenous and other non-white people in prisons and the child welfare system.[73] It is important to understand white supremacy as systemic rather than simply as a set of individually held beliefs.[72,73]
wholistic	Describes a way of seeing and understanding the world as whole and balanced, interconnected, and circular.[4,74]

Appendix B: Data Sources and Limitations

> *Robust culturally and policy-relevant data constitute a key plank of Indigenous [N]ation rebuilding globally. The need for such data is no different for the Métis [N]ation than it is for any other Indigenous [N]ation. At present, however, the Métis [N]ation has limited participation in the official statistical cycle that collects information about us. This has required making use of Métis data that are often inconsistent [and] contradictory.*
>
> – Métis Population Data in Canada: A Conceptual Case Study[1(p.107)]

As discussed in this report, Métis Nation British Columbia (MNBC) initiated the development of the Métis Population Health Program (MPHP, formerly known as the Métis Public Health Surveillance Program) in response to the need for robust Métis-specific data in BC. While this report includes some MPHP data, it also relies on data from sources such as Statistics Canada's Indigenous Peoples Survey (IPS) and the BC Adolescent Health Survey (BC AHS) from the McCreary Centre Society. One key difference between these sources is that MPHP data are specific to MNBC Citizens, while IPS, BC AHS, and other survey data rely on Métis self-identification. In addition to these quantitative (numerical) data sources, this report includes qualitative (non-numerical) data such as stories, quotations, and photographs. This appendix discusses the key differences between Métis Citizenship and self-identified Métis data and provides a brief overview of the data sources used in this report.

It is important to acknowledge that, while Métis people and the Métis Nation have been actively working to expand the availability of robust, high-quality, culturally relevant Métis-specific data, many long-standing issues remain.[1,2,3,4] For example, there is a preponderance of pan-Indigenous data, but there are relatively few (and often problematic) sources of Métis-specific data, and very few sources of usable data on specific Métis populations (e.g., Métis 2SLGBTQQIA+ people, Métis people with disAbilities).[3,4] The lack of distinctions-based Métis data has real-world consequences, such as the ongoing erasure of the Métis as a distinct People; the development of pan-Indigenous programs and services that may not meet Métis people's needs; and a lack of meaningful recognition of, and support for, the Métis right to health.[1,3]

Ultimately, the goal of this reporting is to inform Métis-specific policy and programming to better support and improve wholistic health and wellness for Métis people in BC. Métis data collection and dissemination need to support these goals, while also upholding Métis data governance and Métis data sovereignty. This report has been developed in accordance with Métis data governance principles and protocols as directed by MNBC and the Métis Data Governance Committee.

In this report, Métis data may be compared to data for non-Métis people (which includes non-Indigenous people as well as First Nations and Inuit), to data for non-Indigenous people, or between different Métis populations (e.g., by sex/gender, age, or geography). Because of the variety of data sources, years, and types of data included in this report, not all data are strictly comparable.

> *The data used by governments and organizations is affected by systemic racism but can also be used to address systemic racism. Disaggregated data, data that is broken down into sub-categories, can be used to address areas of need for communities affected by systemic racism.*
>
> – Métis Nation British Columbia[5(p.1)]

Métis Citizenship and Métis Self-identity Data

MNBC represents more than 31,000 registered Métis Citizens in BC and advocates for more than 113,000 people in BC who self-identify as Métis.[6,22] The most recent MPHP data in this report include 17,144 MNBC Citizens (those age 18 and up who opted to have their data included in the MPHP); this group is known as the 2023 Métis cohort. In comparison, the 2019 Métis cohort included data from 14,515 MNBC Citizens.[7(p.127)]

Other quantitative data sources in this report, such as the IPS and the BC AHS, are based on Métis self-identification. These sources are likely to include MNBC Citizens as well as Métis people who are not registered with MNBC. The number of people in BC and Canada who self-identity as Métis has grown substantially since Statistics Canada first included a question on Métis self-identification on the long-form Census of Population in 1986.[1] These increases are beyond what might reasonably be explained by demographic factors (e.g., higher birth rates) and methodological approaches (the ways data are collected and reported) alone. Instead, these increases have been linked to growing numbers of people self-identifying as Métis.[8,9,10] In 2021, self-identified Métis people accounted for 2.0 per cent of the BC population.[11] Please see Appendix C for comparisons of the distribution of Métis Citizens and the self-identified Métis population in BC by health authority (Figure C.22) and by sex and age (Figure C.23).

Following consultations with Métis Nation governments across Canada, Statistics Canada asked questions on membership to a Métis organization or Settlement for the first time on the 2021 Census.[12] The following findings from the 2021 Census pertain to Métis in BC:

- 97,865 people living in BC self-identified as Métis.
- 33,475 people living in BC said they were registered members of a Métis organization or Settlement.
  - Of these, 7,180 reported being registered with a Métis organization or Settlement other than MNBC.
- 27,135 people across Canada reported being registered with MNBC.

- Of these, 25,580 lived in BC, representing 94.3 per cent of those who reported MNBC Citizenship.
- The remaining 1,555 lived outside BC, representing 5.7 per cent of those who reported MNBC Citizenship.[12]

Quantitative Data Sources

This section of the appendix briefly describes each quantitative data source used to produce the figures and tables in this report, along with any pertinent notes and data limitations.

In this report, most data comparisons are between different Métis populations (i.e., Métis data are shown by sex/gender, age group, health authority region, or another specified characteristic). In some cases, Métis data are shown alongside data for non-Métis people, non-Indigenous people, or "other residents." Each of these three categories is different.

- Non-Métis: this includes anyone who does not self-identify as Métis (including non-Indigenous people, First Nations people, and Inuit).
- Non-Indigenous: this includes anyone who does not self-identify as Indigenous.
- Other residents: this includes anyone who is not part of the Métis cohort (including non-Indigenous people, First Nations people, Inuit, people who self-identify as Métis but are not registered MNBC Citizens, and MNBC Citizens who have not consented or opted in to have their data included in the MPHP).

The Métis Cohort

As discussed in this appendix, the Métis cohort describes those MNBC Citizens age 18 and up who opted to have their data included in the MPHP. The Métis cohort is recreated for each MPHP report to ensure that the most up-to-date data are being used.

See the *Taanishi kiiya?* baseline report (www.health.gov.bc.ca/pho/reports/annual) for a detailed description of the creation of the 2019 Métis cohort (2021, p. 126). The creation of the 2023 Métis cohort used the same methodology, but there was a change in how MNBC Citizen data were included in the MPHP. MNBC updated its process so that instead of Citizens *opting out* of the program, they had to specifically *opt in*. While this may have changed the number of program participants, the new process was developed to better support self-determination for individual MNBC Citizens.

College of Physicians and Surgeons of BC

In February 2019, the College of Physicians and Surgeons of BC (CPSBC) added an option for Indigenous members to self-identify during the annual registration and licence renewal process. The MPHP report series therefore includes data on the number and proportion of professionally active physicians in BC who are registered with CPSBC and self-identify as Métis.

BC College of Nurses and Midwives

Similarly, the BC College of Nurses and Midwives (BCCNM) has added an Indigenous self-identification option for its members. These data were not available for the *Taanishi kiiya?* baseline report, but will be included in this report series going forward. Data are

included for both the number and proportion of self-identified Métis nurses and the number and proportion of self-identified Métis midwives registered with BCCNM.

The BC Adolescent Health Survey

Data from the BC AHS are included in this report to look at the mental health and wellness of school-age Métis youth. The BC AHS is an anonymous questionnaire given every five years to grade 7–12 students (age 12–19) in BC public schools across the province. The McCreary Centre Society (McCreary) has been working with Indigenous Peoples and communities since 1998 to create "Raven's Children" reports on the health and wellness of school-age Indigenous youth, based on BC AHS data.[13]

In addition, McCreary has worked with MNBC to produce a series of Métis-specific reports based on the 2008,[14] 2013,[15] and 2018[16] surveys;[17] a fourth report, based on the 2023 BC AHS, is underway. BC AHS data in this report are shown to one decimal place, whereas in the baseline report they were rounded up or down to the nearest whole number. The unique experiences of 2SLGBTQQIA+ youth may not be reflected in all BC AHS data due to sample size or other data limitations.

Indigenous Peoples Survey

The IPS is a national survey by Statistics Canada of First Nations people living off reserve, Métis, and Inuit living in Canada. The survey excludes individuals residing on Indian reserves, settlements, and certain First Nations communities in Yukon and the Northwest Territories.[18]

The IPS is intended to inform policy, programs, and services to improve the well-being of Indigenous Peoples. The 2022 IPS was a thematic survey focused on social and economic outcomes related to education, employment, health, and access to services.[18] For more information, see www.statcan.gc.ca/en/survey/household/3250.

The Canadian Community Health Survey

The Canadian Community Health Survey (CCHS) is an annual cross-sectional survey of the Canadian population, excluding First Nations living on reserve, the military, and people in institutions. The CCHS collects information related to health status, healthcare utilization, and health determinants.

The relatively small size of the Indigenous population responding to the CCHS limits the analyses that can be supported by the data. To address this, Statistics Canada has released health indicators for Indigenous populations based on combined four-year samples of CCHS data (most recently for 2019–2022).[19] This expanded sample size provides more robust data for Indigenous populations, resulting in usable Métis data for this report.

Canada's Census of Population

Canada's Census program conducts a Census of Population every five years to create a detailed statistical profile of the country. Only one-quarter (25 per cent) of the population receives the long-form census, which includes additional questions that allow the respondent to self-identity as Métis; all analyses in this report involving Métis-specific census data are based on this 25 per cent sample. The most recent

census was conducted in 2021. Some of the analyses in this report compare Métis-specific census data to data for the non-Indigenous population. These analyses were typically done by other groups, such as Statistics Canada, and were part of larger analyses that presented results for First Nations, Métis, Inuit, and non-Indigenous populations.

BC Chronic Disease Registry (BC Ministry of Health)

The BC Ministry of Health, through the Office of the Provincial Health Officer (OPHO), maintains the British Columbia Chronic Disease Registry (BCCDR)[20,21] as part of its mandate to monitor the health of the population of British Columbia. This public health registry monitors chronic conditions like diabetes, asthma, hypertension, chronic obstructive pulmonary disease, rheumatoid arthritis, ischaemic heart disease, mood and anxiety disorders, and substance use disorders using administrative data sources such as the client roster, Medical Services Plan, the Discharge Abstract Database, and PharmaNet. The BCCDR is used to monitor disease burden, measure health inequalities, and support research for better population health planning. The registry provides important insights for public health actions and resource allocation in BC.

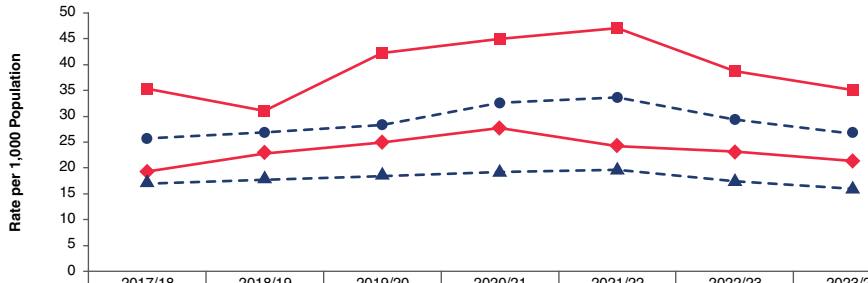
For this interim report, data on chronic conditions were generated by linking the 2023 Métis cohort, provided by MNBC to the BCCDR. For the baseline estimates, the same linkage was performed using the 2019 Métis cohort. Aggregate data were then extracted to generate age-standardized rates for specific chronic conditions. Incidence and prevalence rates were standardized to the Canada 2011 Census population to allow comparisons across regions with different age distributions.

The 2023 Métis cohort included 22,238 consenting individuals. After removing 940 records without a Personal Health Number (PHN) and 413 individuals who were deceased before March 31, 2024, 20,885 records remained. Of these, 20,263 unique PHNs were successfully matched to the Client Registry, resulting in a 97.1 per cent matching rate. Because children are underrepresented in the cohort and this could skew the data for younger age groups, individuals under age 18 were excluded from chronic disease analysis, leaving 17,144 adults with available administrative data for linkage to the 2023/24 BCCDR.

Appendix C: Additional Data

This appendix includes additional data and charts that do not appear in the body of the report. The purpose of these is to provide a fuller picture of Métis health and wellness in BC by presenting more recent data on many of the indicators explored in the *Taanishi kiiya?* baseline report. Although textual interpretations are not provided for the charts in this appendix, each one represents a critical component of health and wellness for Métis people in BC. This information will support Métis Nation British Columbia (MNBC) in its work to advocate on behalf of Métis people in the province. It will also enable MNBC, settler colonial governments, social services, and health sector partners to develop policies, programs, and services that more effectively address the needs of Métis people.

FIG C.1 **Age-standardized Mood and Anxiety Disorder Incidence, Métis and Other Residents, Age 18+, by Sex, BC, 2017/18–2023/24**

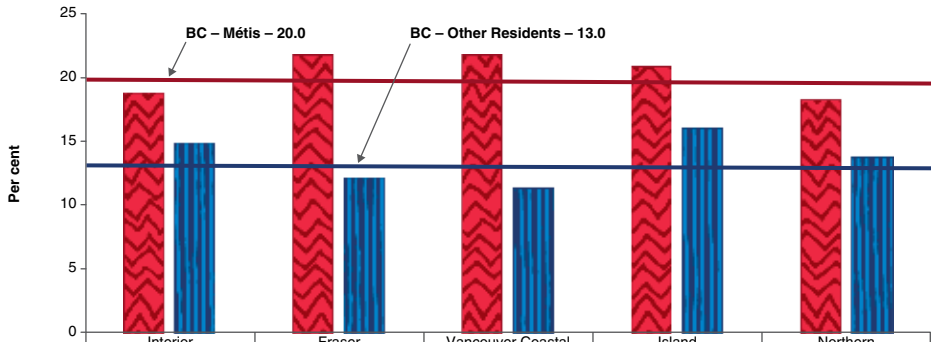


	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24
Métis – Female	35.3	31.1	42.2	44.9	47.1	38.7	35.1
Other Residents – Female	25.7	26.9	28.4	32.6	33.7	29.3	26.6
Métis – Male	19.6	22.8	25.0	27.7	24.2	23.2	21.3
Other Residents – Male	17.2	17.8	18.4	19.2	19.6	17.4	16.0
Métis – All	26.2	26.2	32.3	35.1	34.1	29.8	27.0
Other Residents – All	21.0	21.9	22.9	25.3	26.0	22.8	20.7

Year

Notes: "Métis" includes Métis Citizens registered with Métis Nation British Columbia who were 18 years or older for the respective cohort years, and who consented (opted in) to have their data included in the Métis Population Health Program. "Other Residents" includes all BC residents who were not Métis Nation British Columbia Citizens. Standardized to the Canada 2011 population. The Métis cohort from July 25, 2023, was applied to all years from 2020/21 through 2023/24. The cohort from March 31, 2018, was applied from 2017/18 through 2019/20. See Appendix B for more information.
Sources: BC Ministry of Health, Chronic Disease Registries and Client Roster (Release V2024); Métis Cohort 2019, 2023 from Métis Nation British Columbia. Prepared by Population Health Surveillance and Epidemiology, BC Office of the Provincial Health Officer, BC Ministry of Health, December 2025.

FIG C.2 Age-standardized Mood and Anxiety Disorder Prevalence, Métis and Other Residents, Age 18+, by Health Authority, BC, 2023/24

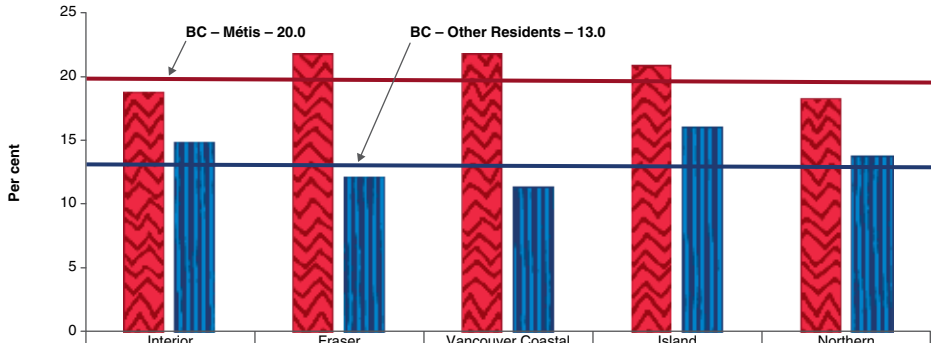


	Interior	Fraser	Vancouver Coastal	Island	Northern
Métis – Per cent	18.8	21.7	21.7	20.9	18.2
Other Residents – Per cent	14.9	12.1	11.4	16.1	13.8
Métis – Count	953	887	306	697	578
Other Residents – Count	108,611	208,482	129,325	120,671	33,465

Health Authority

Notes: "Métis" includes Métis Citizens registered with Métis Nation British Columbia who were 18 years or older as of March 31, 2023, and who consented (opted in) to have their data included in the Métis Population Health Program. "Other Residents" includes all BC residents who were not registered Métis Nation British Columbia Citizens. Standardized to the Canada 2011 population. Health authority is based on the postal code of residence of the individual. See Appendix B for more information.
Sources: BC Ministry of Health, Chronic Disease Registries and Client Roster (Release V2024); Métis Cohort 2023 from Métis Nation British Columbia. Prepared by Population Health Surveillance and Epidemiology, BC Office of the Provincial Health Officer, BC Ministry of Health, December 2025.

FIG C.3 Age-standardized Substance Use Disorder Prevalence, Métis and Other Residents, Age 18+, by Health Authority, BC, 2023/24

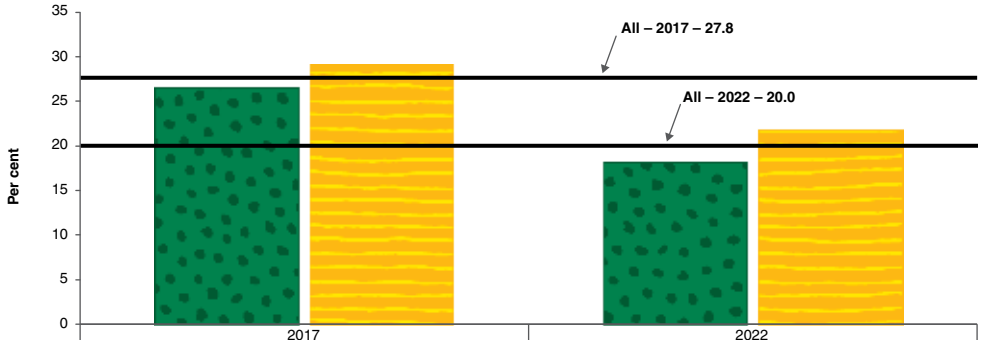


	Interior	Fraser	Vancouver Coastal	Island	Northern
Métis – Per cent	18.8	21.7	21.7	20.9	18.2
Other Residents – Per cent	14.9	12.1	11.4	16.1	13.8
Métis – Count	953	887	306	697	578
Other Residents – Count	108,611	208,482	129,325	120,671	33,465

Health Authority

Notes: "Métis" includes Métis Citizens registered with Métis Nation British Columbia who were 18 years or older as of March 31, 2023, and who consented (opted in) to have their data included in the Métis Population Health Program. "Other Residents" includes all BC residents who were not registered Métis Nation British Columbia Citizens. Standardized to the Canada 2011 population. Health authority is based on the postal code of residence of the individual. See Appendix B for more information.
Sources: BC Ministry of Health, Chronic Disease Registries and Client Roster (Release V2024); Métis Cohort 2023 from Métis Nation British Columbia. Prepared by Population Health Surveillance and Epidemiology, BC Office of the Provincial Health Officer, BC Ministry of Health, December 2025.

FIG C.4 Current Smokers (Daily or Occasional), Métis, Age 15+, by Sex, BC, 2017 and 2022

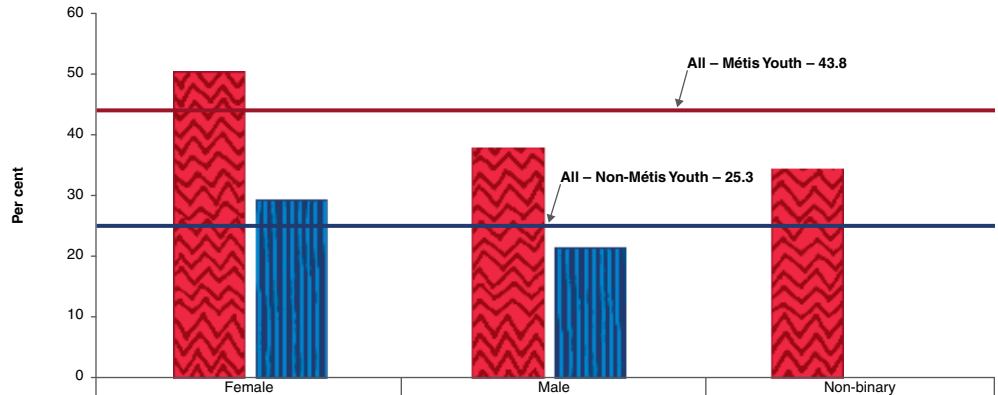


	2017	2022
Female – Per cent	26.6	18.3
Male – Per cent	29.1	21.8
Female – Count	9,600	7,580
Male – Count	9,890	8,400

Year

Notes: "Métis" includes survey respondents who self-identified as Métis. Current smokers include those who smoked daily or occasionally during the previous 12 months, but does not take into account the number of cigarettes smoked. The estimates for the number of current smokers, for Métis female and Métis male respodents in 2022 should be interpreted with caution due to a high level of sampling variability. See Appendix B for more information.
Sources: Statistics Canada, Indigenous Peoples Survey 2017 (Table 41-10-0042-01 Smoking status by Aboriginal identity, age group and sex) and 2022 (Table 41-10-0071-01 Smoking status of First Nations people living off reserve, Métis and Inuit, by age group and gender). Prepared by Population Health Surveillance and Epidemiology, BC Office of the Provincial Health Officer, BC Ministry of Health, December 2025.

FIG C.5 Métis and Non-Métis Youth Who Ever Vaped, Age 12–19, by Gender Identity, BC, 2023

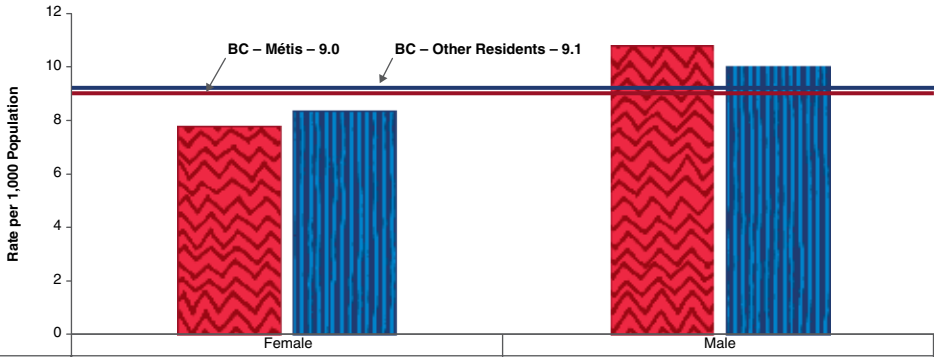


	Female	Male	Non-binary
Métis Youth	50.3	38.0	34.5
Non-Métis Youth	29.4	21.5	–

Gender Identity

Notes: "Métis" includes youth who self-identified as Métis. "Non-Métis" includes youth who did not self-identify as Métis. Data for non-binary non-Métis youth are excluded from this chart as the number of respondents was too limited to ensure reliable results. See Appendix B for more information.
Source: McCreary Centre Society, BC Adolescent Health Survey, 2023. Prepared by Population Health Surveillance and Epidemiology, BC Office of the Provincial Health Officer, BC Ministry of Health, May 2025.

FIG C.6 Age-standardized Diabetes Incidence, Métis and Other Residents, Age 18+, by Sex, BC, 2023/24

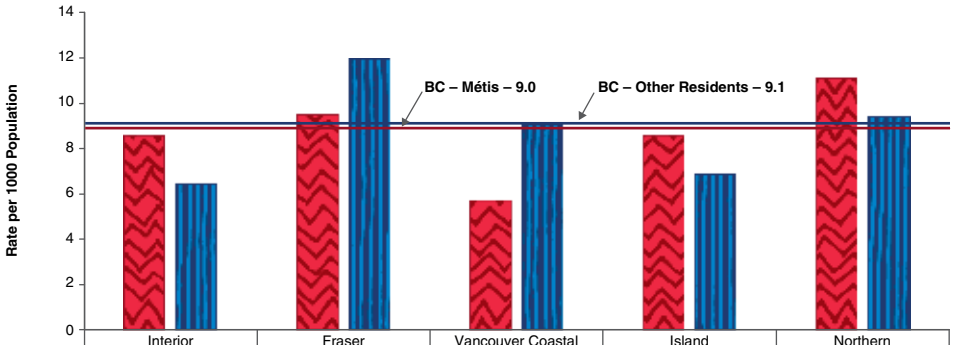


	Female	Male
Métis – Rate	7.8	10.8
Other Residents – Rate	8.4	10.0
Métis – Count	61	64
Other Residents – Count	17,553	18,778

Sex

Notes: "Métis" includes Métis Citizens registered with Métis Nation British Columbia who were 18 years or older as of March 31, 2023, and who consented (opted in) to have their data included in the Métis Population Health Program. "Other Residents" includes all BC residents who were not registered Métis Nation British Columbia Citizens. Standardized to the Canada 2011 population. See Appendix B for more information.
Sources: BC Ministry of Health, Chronic Disease Registries and Client Roster (Release V2024); Métis Cohort 2023 from Métis Nation British Columbia. Prepared by Population Health Surveillance and Epidemiology, BC Office of the Provincial Health Officer, BC Ministry of Health, July 2025.

FIG C.7 Age-standardized Diabetes Incidence, Métis and Other Residents, Age 18+, by Health Authority, BC, 2023/24

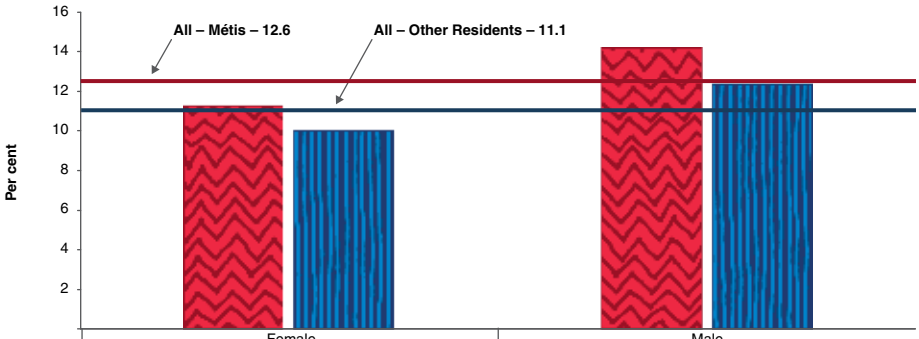


	Interior	Fraser	Vancouver Coastal	Island	Northern
Métis – Rate	8.6	9.5	5.7	8.6	11.1
Other Residents – Rate	6.4	11.9	9.1	6.9	9.4
Métis – Count	36	31	6	24	28
Other Residents – Count	4,577	16,194	8,572	5,056	1,932

Health Authority

Notes: "Métis" includes Métis Citizens registered with Métis Nation British Columbia who were 18 years or older as of March 31, 2023, and who consented (opted in) to have their data included in the Métis Population Health Program. "Other Residents" includes all BC residents who were not registered Métis Nation British Columbia Citizens. Standardized to the Canada 2011 population. Health authority is based on the postal code of residence of the individual. See Appendix B for more information.
Sources: BC Ministry of Health, Chronic Disease Registries and Client Roster (Release V2024); Métis Cohort 2023 from Métis Nation BC. Prepared by Population Health Surveillance and Epidemiology, Office of the Provincial Health Officer, BC Ministry of Health, July 2025.

FIG C.8 Age-standardized Diabetes Prevalence, Métis and Other Residents, Age 18+, by Sex, BC, 2023/24

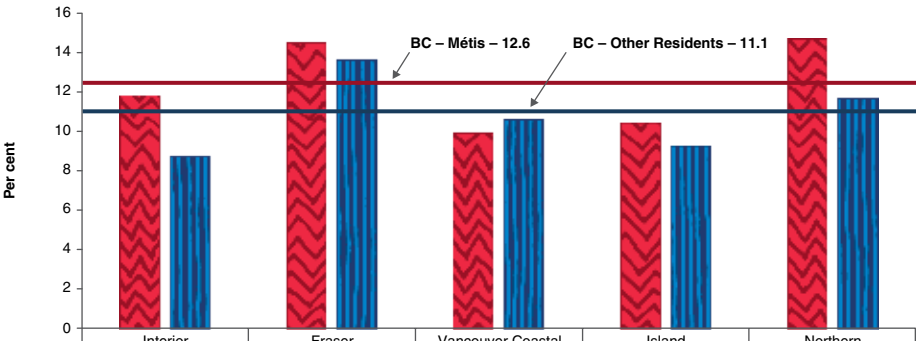


	Female	Male
Métis – Per cent	11.2	14.2
Other Residents – Per cent	10.0	12.4
Métis – Count	998	1,052
Other Residents – Count	265,265	298,019

Sex

Notes: "Métis" includes Métis Citizens registered with Métis Nation British Columbia who were 18 years or older as of March 31, 2023, and who consented (opted in) to have their data included in the Métis Population Health Program. "Other Residents" includes all BC residents who were not registered Métis Nation British Columbia Citizens. Standardized to the Canada 2011 population. See Appendix B for more information.
Sources: BC Ministry of Health, Chronic Disease Registries and Client Roster (Release V2024); Métis Cohort 2023 from Métis Nation British Columbia. Prepared by Population Health Surveillance and Epidemiology, BC Office of the Provincial Health Officer, BC Ministry of Health, July 2025.

FIG C.9 Age-standardized Diabetes Prevalence, Métis and Other Residents, Age 18+, by Health Authority, BC, 2023/24

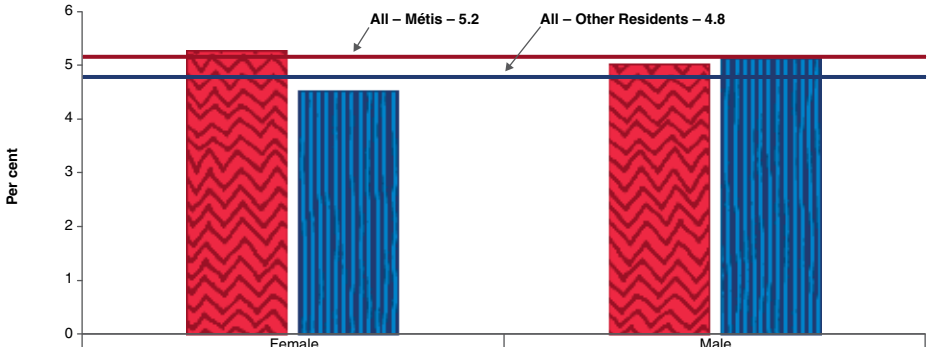


	Interior	Fraser	Vancouver Coastal	Island	Northern
Métis – Per cent	11.8	14.5	9.9	10.5	14.7
Other Residents – Per cent	8.7	13.6	10.6	9.3	11.7
Métis – Count	603	553	108	349	437
Other Residents – Count	80,975	236,130	126,272	90,656	29,251

Health Authority

Notes: "Métis" includes Métis Citizens registered with Métis Nation British Columbia who were 18 years or older as of March 31, 2023, and who consented (opted in) to have their data included in the Métis Population Health Program. "Other Residents" includes all BC residents who were not registered Métis Nation British Columbia Citizens. Standardized to the Canada 2011 population. Health authority is based on the postal code of residence of the individual. See Appendix B for more information.
Sources: BC Ministry of Health, Chronic Disease Registries and Client Roster (Release V2024); Métis Cohort 2023 from Métis Nation British Columbia. Prepared by Population Health Surveillance and Epidemiology, BC Office of the Provincial Health Officer, BC Ministry of Health, July 2025.

FIG C.10 Age-standardized Chronic Kidney Disease Prevalence, Métis and Other Residents, Age 18+, by Sex, BC, 2023/24

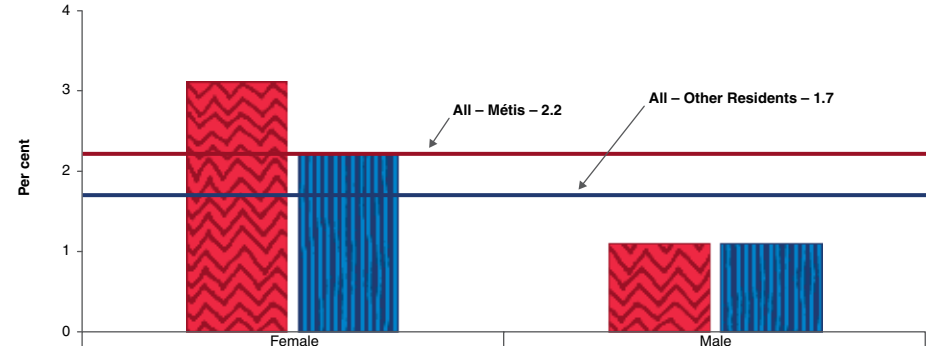


	Female	Male
Métis – Per cent	5.3	5.0
Other Residents – Per cent	4.5	5.1
Métis – Count	447	355
Other Residents – Count	129,146	127,341

Sex

Notes: "Métis" includes Métis Citizens registered with Métis Nation British Columbia who were 18 years or older as of March 31, 2023, and who consented (opted in) to have their data included in the Métis Population Health Program. "Other Residents" includes all BC residents who were not registered Métis Nation British Columbia Citizens. Standardized to the Canada 2011 population. See Appendix B for more information.
Sources: BC Ministry of Health, Chronic Disease Registries and Client Roster (Release V2024); Métis Cohort 2023 from Métis Nation British Columbia. Prepared by Population Health Surveillance and Epidemiology, BC Office of the Provincial Health Officer, BC Ministry of Health, July 2025.

FIG C.11 Age-standardized Rheumatoid Arthritis Prevalence, Métis and Other Residents, Age 18+, by Sex, BC, 2023/24

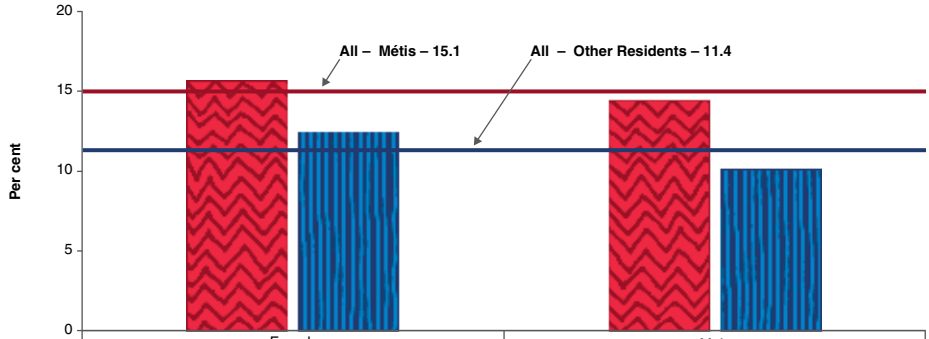


	Female	Male
Métis – Per cent	3.1	1.1
Other Residents – Per cent	2.2	1.1
Métis – Count	275	76
Other Residents – Count	57,575	26,289

Sex

Notes: "Métis" includes Métis Citizens registered with Métis Nation British Columbia who were 18 years or older as of March 31, 2023, and who consented (opted in) to have their data included in the Métis Population Health Program. "Other Residents" includes all BC residents who were not registered Métis Nation British Columbia Citizens. Standardized to the Canada 2011 population. See Appendix B for more information.
Sources: BC Ministry of Health, Chronic Disease Registries and Client Roster (Release V2024); Métis Cohort 2023 from Métis Nation British Columbia. Prepared by Population Health Surveillance and Epidemiology,BC Office of the Provincial Health Officer, BC Ministry of Health, July 2025.

FIG C.12 Age-standardized Osteoarthritis Prevalence, Métis and Other Residents, Age 18+, by Sex, BC, 2023/24

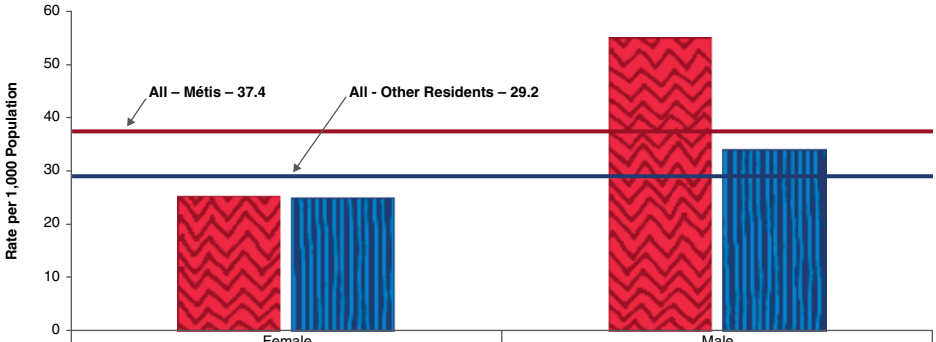


	Female	Male
Métis – Per cent	15.6	14.4
Other Residents – Per cent	12.5	10.1
Métis – Count	1,406	1,058
Other Residents – Count	350,231	251,615

Sex

Notes: "Métis" includes Métis Citizens registered with Métis Nation British Columbia who were 18 years or older as of March 31, 2023, and who consented (opted in) to have their data included in the Métis Population Health Program. "Other Residents" includes all BC residents who were not registered Métis Nation British Columbia Citizens. Standardized to the Canada 2011 population. See Appendix B for more information.
Sources: BC Ministry of Health, Chronic Disease Registries and Client Roster (Release V2024); Métis Cohort 2023 from Métis Nation British Columbia. Prepared by Population Health Surveillance and Epidemiology, BC Office of the Provincial Health Officer, BC Ministry of Health, July 2025.

FIG C.13 Age-standardized Hypertension Incidence, Métis and Other Residents, Age 18+, by Sex, BC, 2023/24

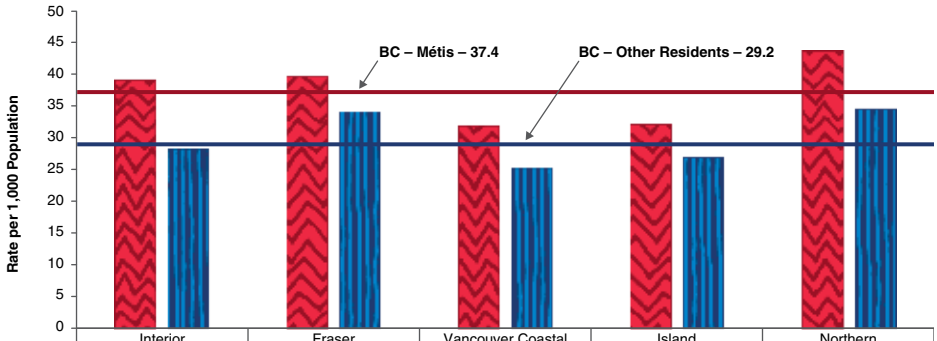


	Female	Male
Métis – Rate	25.4	55.0
Other Residents – Rate	25.0	34.0
Métis – Count	136	165
Other Residents – Count	33,096	40,426

Sex

Notes: "Métis" includes Métis Citizens registered with Métis Nation British Columbia who were 18 years or older as of March 31, 2023, and who consented (opted in) to have their data included in the Métis Population Health Program. "Other Residents" includes all BC residents who were not Métis Nation British Columbia Citizens. Standardized to the Canada 2011 population. See Appendix B for more information.
Sources: BC Ministry of Health, Chronic Disease Registries and Client Roster (Release V2024); Métis Cohort 2023 from Métis Nation British Columbia. Prepared by Population Health Surveillance and Epidemiology, BC Office of the Provincial Health Officer, BC Ministry of Health, July 2025.

FIG C.14 Age-standardized Hypertension Incidence, Métis and Other Residents, Age 18+, by Health Authority, BC, 2023/24

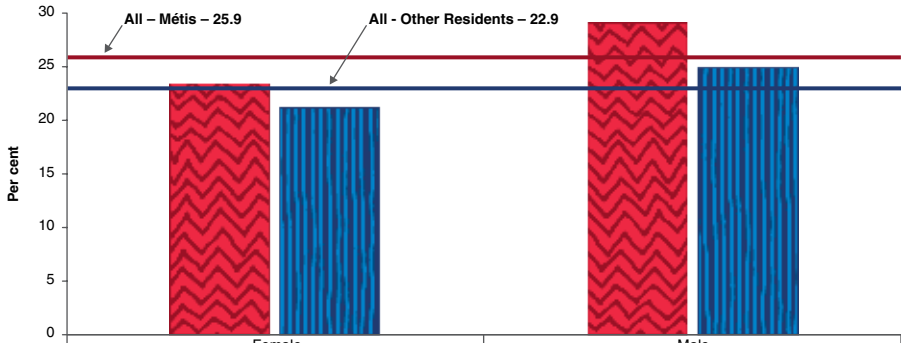


	Interior	Fraser	Vancouver Coastal	Island	Northern
Métis – Rate	39.0	39.5	31.8	32.0	43.5
Other Residents – Rate	28.1	33.9	25.1	26.6	34.3
Métis – Count	96	72	17	56	60
Other Residents – Count	12,414	28,302	15,745	12,935	4,126

Health Authority

Notes: "Métis" includes Métis Citizens registered with Métis Nation British Columbia who were 18 years or older as of March 31, 2023, and who consented (opted in) to have their data included in the Métis Population Health Program. "Other Residents" includes all BC residents who were not registered Métis Nation British Columbia Citizens. Standardized to the Canada 2011 population. Health authority is based on the postal code of residence of the individual. See Appendix B for more information.
Sources: BC Ministry of Health, Chronic Disease Registries and Client Roster (Release V2024); Métis Cohort 2023 from Métis Nation British Columbia. Prepared by Population Health Surveillance and Epidemiology, BC Office of the Provincial Health Officer, BC Ministry of Health, July 2025.

FIG C.15 Age-standardized Hypertension Prevalence, Métis and Other Residents, Age 18+, by Sex, BC, 2023/24

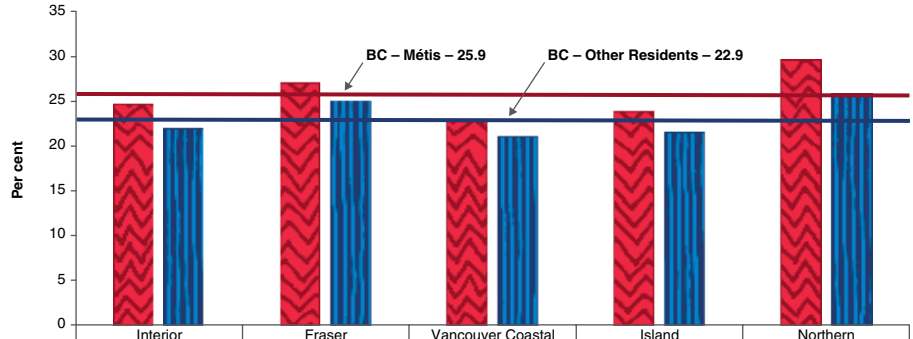


	Female	Male
Métis – Per cent	23.4	29.0
Other Residents – Per cent	21.1	24.8
Métis – Count	2,077	2,142
Other Residents – Count	580,037	601,928

Sex

Notes: "Métis" includes Métis Citizens registered with Métis Nation British Columbia who were 18 years or older as of March 31, 2023, and who consented (opted in) to have their data included in the Métis Population Health Program. "Other Residents" includes all BC residents who were not registered Métis Nation British Columbia Citizens. Standardized to the Canada 2011 population. See Appendix B for more information.
Sources: BC Ministry of Health, Chronic Disease Registries and Client Roster (Release V2024); Métis Cohort 2023 from Métis Nation British Columbia. Prepared by Population Health Surveillance and Epidemiology, BC Office of the Provincial Health Officer, BC Ministry of Health, July 2025.

FIG C.16 Age-standardized Hypertension Prevalence, Métis and Other Residents, Age 18+, by Health Authority, BC, 2023/24

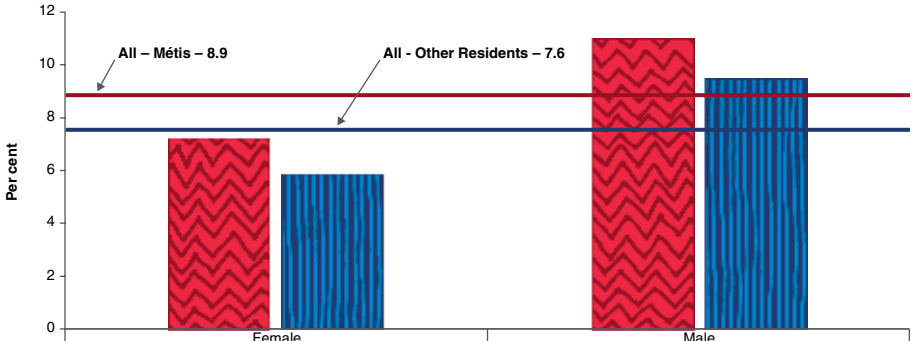


	Interior	Fraser	Vancouver Coastal	Island	Northern
Métis – Per cent	24.6	27.1	22.8	23.9	29.6
Other Residents – Per cent	22.0	25.0	21.0	21.5	25.8
Métis – Count	1,267	1,038	246	791	877
Other Residents – Count	210,598	435,483	251,989	219,026	64,869

Health Authority

Notes: "Métis" includes Métis Citizens registered with Métis Nation British Columbia who were 18 years or older as of March 31, 2023, and who consented (opted in) to have their data included in the Métis Population Health Program. "Other Residents" includes all BC residents who were not registered Métis Nation British Columbia Citizens. Standardized to the Canada 2011 population. Health authority is based on the postal code of residence of the individual. See Appendix B for more information.
Sources: BC Ministry of Health, Chronic Disease Registries and Client Roster (Release V2024); Métis Cohort 2023 from Métis Nation British Columbia. Prepared by Population Health Surveillance and Epidemiology, BC Office of the Provincial Health Officer, BC Ministry of Health, July 2025.

FIG C.17 Age-standardized Ischaemic Heart Disease Prevalence, Métis and Other Residents, Age 18+, by Sex, BC, 2023/24

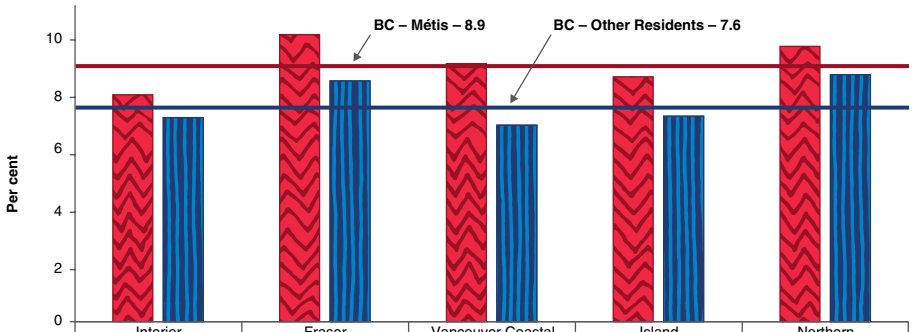


	Female	Male
Métis – Per cent	7.2	11.0
Other Residents – Per cent	5.9	9.5
Métis – Count	626	800
Other Residents – Count	168,607	236,675

Sex

Notes: "Métis" includes Métis Citizens registered with Métis Nation British Columbia who were 18 years or older as of March 31, 2023, and who consented (opted in) to have their data included in the Métis Population Health Program. "Other Residents" includes all BC residents who were not registered Métis Nation British Columbia Citizens. Standardized to the Canada 2011 population. See Appendix B for more information.
Sources: BC Ministry of Health, Chronic Disease Registries and Client Roster (Release V2024); Métis Cohort 2023 from Métis Nation British Columbia. Prepared by Population Health Surveillance and Epidemiology, BC Office of the Provincial Health Officer, BC Ministry of Health, July 2025.

FIG C.18 Age-standardized Ischaemic Heart Disease Prevalence, Métis and Other Residents, Age 18+, by Health Authority, BC, 2023/24

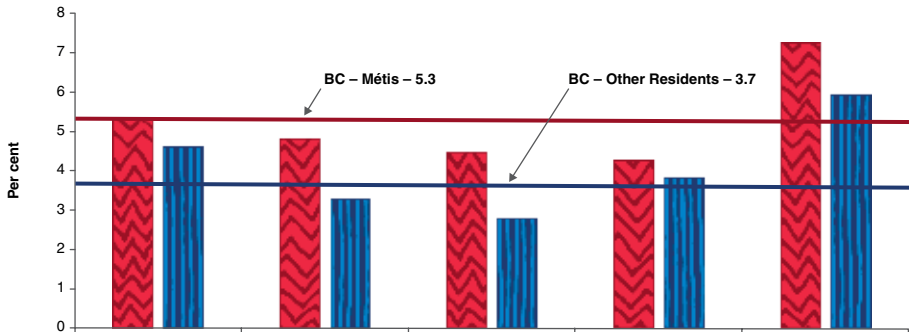


	Interior	Fraser	Vancouver Coastal	Island	Northern
Métis – Per cent	7.9	10.0	9.0	8.5	9.6
Other Residents – Per cent	7.1	8.4	6.8	7.2	8.6
Métis – Count	394	372	93	281	286
Other Residents – Count	72,105	149,264	84,398	77,617	21,898

Health Authority

Notes: "Métis" includes Métis Citizens registered with Métis Nation British Columbia who were 18 years or older as of March 31, 2023, and who consented (opted in) to have their data included in the Métis Population Health Program. "Other Residents" includes all BC residents who were not registered Métis Nation British Columbia Citizens. Standardized to the Canada 2011 population. Health authority is based on the postal code of residence of the individual. See Appendix B for more information.
Sources: BC Ministry of Health, Chronic Disease Registries and Client Roster (Release V2024); Métis Cohort 2023 from Métis Nation British Columbia. Prepared by Population Health Surveillance and Epidemiology, BC Office of the Provincial Health Officer, BC Ministry of Health, July 2025.

FIG C.19 Age-standardized Chronic Obstructive Pulmonary Disease Prevalence, Métis and Other Residents, Age 35+, by Health Authority, BC, 2023/24

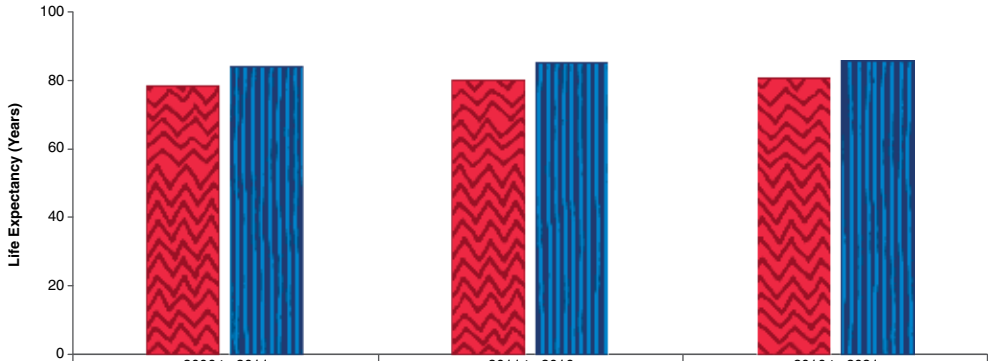


	Interior	Fraser	Vancouver Coastal	Island	Northern
Métis – Per cent	5.3	4.8	4.5	4.3	7.2
Other Residents – Per cent	4.6	3.3	2.8	3.8	5.9
Métis – Count	272	182	44	138	205
Other Residents – Count	46,961	59,064	34,517	41,234	15,083

Health Authority

Notes: "Métis" includes Métis Citizens registered with Métis Nation British Columbia who were 18 years or older as of March 31, 2023, and who consented (opted in) to have their data included in the Métis Population Health Program. "Other Residents" includes all BC residents who were not registered Métis Nation British Columbia Citizens. Standardized to the Canada 2011 population. Health authority is based on the postal code of residence of the individual. See Appendix B for more information.
Sources: BC Ministry of Health, Chronic Disease Registries and Client Roster (Release V2024); Métis Cohort 2023 from Métis Nation British Columbia. Prepared by Population Health Surveillance and Epidemiology, BC Office of the Provincial Health Officer, BC Ministry of Health, July 2025.

FIG C.20 Life Expectancy at Birth, Métis and Non-Indigenous Populations, BC, 2006 to 2011, 2011 to 2016, and 2016 to 2021

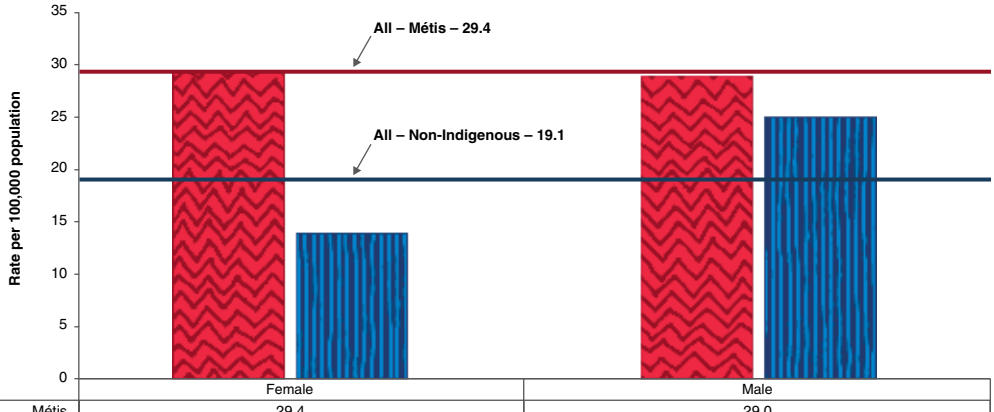


	2006 to 2011	2011 to 2016	2016 to 2021
Métis	78.5	80.0	80.9
Non-Indigenous	84.1	85.3	85.5

Year (Five-year aggregate)

Notes: "Métis" includes long-form Census or 2011 National Household Survey respondents who self-identified as Métis. "Non-Indigenous" includes respondents who did not self-identify as Indigenous (First Nations, Métis, or Inuit). Life expectancy is derived from linking self-identity data with mortality data from the Canadian Census Health and Environment Cohorts. This analysis uses non-overlapping five-year periods that correspond to census years. For example, 2011 to 2016 covers the period from May 10, 2011, to May 9, 2016. See Appendix B for more information.
Source: Statistics Canada Table 17-10-0160-01 Life expectancy at birth of Indigenous populations in Canada. Prepared by Population Health Surveillance and Epidemiology, BC Office of the Provincial Health Officer, BC Ministry of Health, September 2025.

FIG C.21 Age-standardized COVID-19 Mortality Rates, Métis and Non-Indigenous Populations, BC, 2020–2021

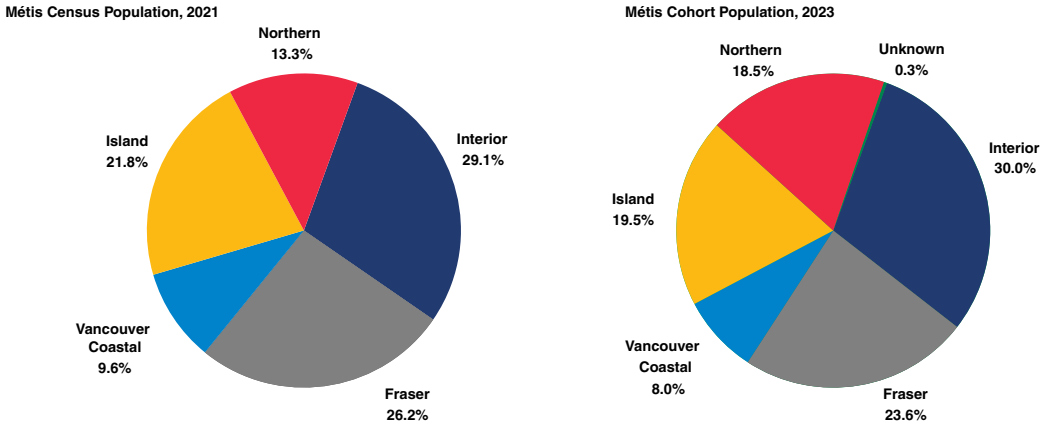


	Female	Male
Métis	29.4	29.0
Non-Indigenous	14.0	25.0

Sex

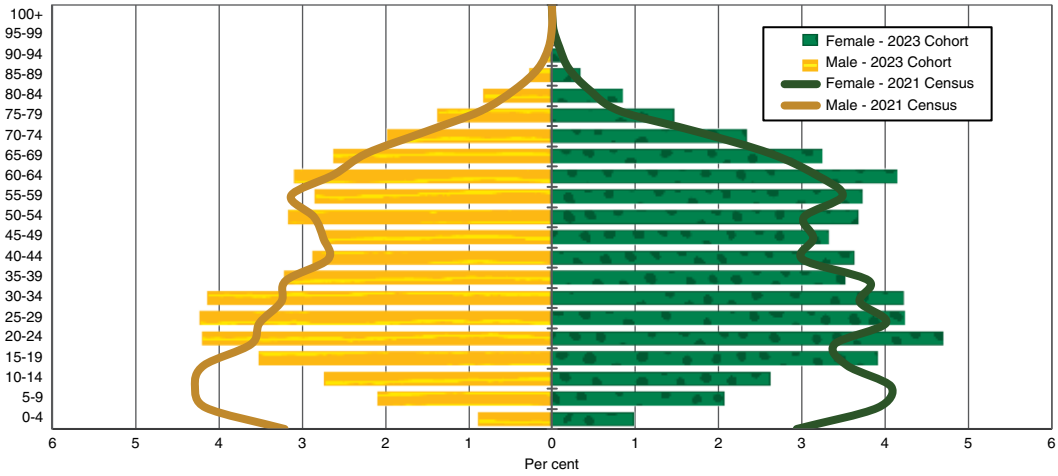
Notes: "Métis" includes long-form Census respondents who self-identified as Métis. "Non-Indigenous" includes respondents who did not self-identify as Indigenous (First Nations, Métis, or Inuit). Two-year follow-up period: January 1, 2020, to December 31, 2021. Age-standardized mortality rate (standardized to the 2016 Indigenous population estimated by Census in five-year age groups) and not comparable to age-standardized mortality rates standardized to a different standard population (e.g., 2021 Canada Census population). The rate for the female Métis population reference group was statistically different compared to the non-Indigenous reference group ($p < 0.05$). See Appendix B for more information.
Sources: Canadian Census Health and Environmental Cohort (CanCHEC) 2016 linked to Canadian Vital Statistics – Death Database from 2016–2021. Prepared by Population Health Surveillance and Epidemiology, Office of the Provincial Health Officer, BC Ministry of Health, July 2025.

FIG C.22 Métis Population Proportion Comparison, Age 18+, by Health Authority, BC, 2021 Census and 2023 Cohort



Notes: 2021 Census population counts include people 18 years or older who self-identified as Métis (N=70,980). Census numbers are rounded to the nearest multiple of five. The 2023 Métis cohort includes Métis Citizens registered with Métis Nation British Columbia who were 18 years or older as of March 31, 2023, and who consented (opted in) to have their data included in the Métis Population Health Program (N=17,196). Due to rounding, percentages may not add up to 100. See Appendix B for more information.
Sources: 2021 Métis Census population, Demography and Population Statistics, BC Stats, Ministry of Citizens' Services. Métis Cohort 2023, Métis Nation British Columbia. Métis Cohort linked to BC Ministry of Health, Registration and Premium Information Determination (RAPID), 2024. Prepared by Population Health Surveillance and Epidemiology, BC Office of the Provincial Health Officer, BC Ministry of Health, October 2025.

FIG C.23 Métis Population Proportion Comparison, by Age Group and Sex, BC, 2021 Census and 2023 Cohort



Notes: The 2021 Census population includes people who self-identified as Métis and is based on the Indigenous (Aboriginal) Identity, 25% sample. The 2023 cohort population includes Métis Citizens registered with Métis Nation British Columbia who consented (opted in) to have their data included in the Métis Population Health Program. Age group percentages are based on a denominator that includes the total poulation (males + females) within the Métis cohort or Métis census population.
Sources: Statistics Canada 2021 Census; Métis Cohort 2023 from Métis Nation British Columbia. Prepared by Population Health Surveillance and Epidemiology, BC Office of the Provincial Health Officer, BC Ministry of Health, October 2025.

Appendix D: List of Figures and Tables

Appendix D: List of Figures and Tables (continued)

Chapter 4: BC Context

Chapter 5: Mental Health and Wellness for Métis Women, Girls, 2SLGBTQQIA+ People, and Youth

Chapter 6: Priority Topics for Métis Mental Health and Wellness

Appendix C: Additional Data

Appendix D: List of Figures and Tables (continued)

Appendix E: References

Front Matter References

1 Métis Nation British Columbia, BC Office of the Provincial Health Officer. Taanishi kiiya? Miiyayow Métis saantii pi miyooayaan didaan BC: Métis Public Health Surveillance Program—baseline report, 2021. Surrey and Victoria, BC: Métis Nation British Columbia, BC Office of the Provincial Health Officer; 2021. Available from: https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/reports-publications/annual-reports/pho_metis_report_2021c_f3.pdf.

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