Suicide prevention among Indigenous Canadians – First Nations, Inuit and Metis: Lessons for suicide prevention in Aotearoa

A report to the Winston Churchill Memorial Fund

prepared by

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HE MIHI

Tēnā koutou katoa.

He mihi tino nui ki a tātou.

E ngā mate whakamomori kua wheturangitia kua haere atu ki tō tātou kainga tuturu, haere, haere ngā mate, haere.

Rātou ki a rātou, tātou ki a tātou.

E ngā tangata katoa hei awhina ki te mahi nei, ka tino nui taku mihi ki a koutou katoa mo tō tautoko nui.

Ka tino whakahirahira te kaupapa o te ripota nei.

Ka tino harikoa te ngakau i te tautoko katoa o te mahi nui nei.

No reira, tēnā koutou katoa.

Introduction

The overall objective of this Winston Churchill Memorial Fellowship was to learn lessons about Indigenous suicide in Canada and understand how these might help to inform suicide prevention initiatives among Māori.

The Fellowship was awarded in 2019 but due to the Covid-19 pandemic, there was a delay in taking up the Fellowship. Subsequently, I undertook the travel to Canada five years after the Fellowship was awarded.

This report provides an account of my visit to Canada from 25 July to 18 August 2024.

The disruptions caused by the intervention of the Covid 19 pandemic meant that I had to reconsider my original itinerary and tailor it to meet the demands of the post-Covid era. The increase in the costs of air fares, accommodation and daily expenses caused by the pandemic meant that I had to condense my fellowship into a shorter period of time (three weeks instead of four) and that I had to tighten its geographical focus. The vastness of Canada requires judicious planning.

Accordingly, I decided to focus my investigation on five locations of interest.

- Toronto, Ontario
- Ottawa, Ontario
- Halifax, Nova Scotia
- Cape Breton, Nova Scotia
- Montreal, Quebec

While these locations are by no means representative of the entirety of Canada and its diversity, they did, nevertheless, provide salient and meaningful insights into the complexities faced by the Indigenous peoples of Canada as they confront some of the most pressing challenges to their good health and wellbeing

I met with a range of experts that included Indigenous community members, policy makers, researchers and academics, all of whom provided me with a rich tapestry of information related to Indigenous health and well being, cultural diversity, and strategic approaches to improving Indigenous mental health, including suicide prevention.

I am indebted to the many diverse people with whom I met and whose insights and observations inform the report which follows.

Background

As with Aotearoa, suicide poses one of the most serious challenges to the health and social wellbeing of Canadians, with those challenges being especially overwhelming for the Indigenous peoples of both countries. Moreover, the inordinately high rates of youth suicide in the two countries are among the highest youth suicide rates in the world.

Aotearoa

Each year in Aotearoa, almost 600 people die by suicide and around 150,000 think about ending their life by suicide. Of that number as many as 20,000 act on these thoughts by attempting suicide (Parliamentary Service 2022).

As well, New Zealand, like Canada has some of the highest youth suicide rates in the world with those rates being particularly high for the Indigenous youth of both countries one of the key population groups who are the focus of this report. These high rates are replicated in other colonised settler societies including Canada and Australia.

A range of strategies has been designed and implemented in both countries, but disturbingly, rates of suicides and attempted suicides in both countries remain unacceptably high.

Canada

Indigenous Canadian Youth

The Indigenous peoples of Canada comprise three distinct population groups: Inuit, First Nations, and Métis. Together, these three groups number almost 2,000,000 people and make up five per cent of the population of Canada. According to Statistics Canada (2024) the Indigenous peoples of Canada are among the fastest growing population of Canada. When compared with Aotearoa (775,836) and Australia (812,728), the Indigenous population of Canada is the largest of the three countries, each with a shared history of colonial history.

The percentage of Indigenous peoples is largest in Aotearoa (17%) when compared with Australia (3.2%) and Canada (5%).

Each of these groups is culturally distinct, with their own unique cultural practices, histories and beliefs (Graham et al., 2021). Across all three groups, however, the leading cause of mortality among youth and young adults is attributed to suicide and self-injury (Public Health Agency of Canada, 2016). Rates of mental health are distressingly high for all Indigenous Canadians, with variations across the three groups (Statistics Canada 2020).

Rates of suicide

Rates of suicide among First Nations are three times higher than non-Indigenous Canadians, while Inuit experience rates are nine times higher, and Métis people experience rates which are twice as high as those of non-Indigenous Canadians (Statistics Canada, 2020).

The diverse and complex nature of suicide in Canada is underpinned by numerous distressing facts.

- Some of the highest rates of suicide ideation occur among male Inuit who are living off-reserve and geographically located away from their communities of origin.
- In one province, Labrador, Indigenous men under the age of 30 years accounted for 85 per cent of all suicides (Pollock et al 2016).
- A study conducted by Fraser et al (2015) found that more than half of the Inuit female participants reported having suicidal thoughts in their lifetime, compared to just over one third of the Inuit men in the study.
- As well, Inuit female participants in the same study had higher rates of thinking about suicide, and attempted suicide in the past twelve months when compared with the men in the study
- Studies have shown that Indigenous youth in Canada experience rates of suicide that are twice those of older Indigenous Canadians in the period from 1994 to 2008 (Fraser et al., 2015; Oliver et al., 2012).
- More recent studies have reported high suicide rates among male Inuit youth aged 15 to 24 years, as well as lifetime suicide attempt rates, with these being 10 times higher than non-Indigenous males (Fraser et al., 2015).

- Rates of suicide among Inuit youth in some communities are up to 30 times higher than those for the general population.

Residential schools and trauma

Across Canada, as well as in Australia and Aotearoa, early efforts to colonise the Indigenous peoples of those countries depended on the removal of children from their families and the relocation of native children to schools and residential facilities that focussed on the inculcation of Western knowledge and the elimination of Indigenous knowledge and traditions.

Studies of survivors of the Canadian residential school system provide substantial evidence of the negative impacts of these institutions on people's health and wellbeing (Fish et al 2024). Today, survivors of Canadian residential schools have poorer physical, emotional, and mental health than their peers who did not experience residential schools, with this being highlighted in increased rates of mental distress, substance misuse, depression, stress, and suicidal behaviour (Graham et al., 2021; Wilk et al., 2017).

Survivors of the residential school system have reported verbal, emotional, and physical abuse, isolation from family, loss of cultural identity, and harsh discipline as common factors that continue to have a negative impact on their health and wellbeing (Graham et al., 2021).

In Australia, Aboriginal and Torres Strait Islander people were taken from lands on which they had lived for tens of thousands of years and forced to live under regimes established by church and government authorities. In Aotearoa, Native Schools were established to educate girls to be domestic workers and boys to be manual labourers. In Canada, native children were sent to residential schools where they were exposed to systems of abuse and violence that were designed to breed the native out of the child and turn them into images of the settler colonisers.

The devastating impact on the lives of the Indigenous peoples of all three countries continues to be felt many generations later and today, many Indigenous peoples live with the reality of being detached from their culture, their language and their traditions, and importantly, the ancestral knowledge that is fundamental to the development of a strong sense of identity and self-awareness in contemporary society (Hatcher 2016).

There is substantial evidence of the negative impact of religion, especially Christianity on the health and wellbeing of Indigenous peoples, with residential schools being the most tangible example of the harm done by the Church (Kingston 2015, MacDonal & Steenbeek 2015)

Itinerary: People, centres, and communities

A range of generous people hosted me during the course of my Fellowship. Some were people whom I had met previously while others were people I met for the first time.

All welcomed me with kindness and warmth, and were overwhemingly generous in the sharing of their knowledge, insights and expertise. The range of people I met during this Fellowship provided valuable insights into Indigenous suicide prevention,

Toronto, Ontario

My Fellowship began in Toronto with visits and meetings at York University and the University of Toronto

Associate Professor Sean Hillier, Centre for Indigenous Knowledges and Languages Centre, York University

At York University I met with Associate Professor Sean Hillier, Interim Director, and Dr Dean Ray, Coordinator, Centre for Indigenous Knowledges and Languages Centre.

Sean is a Mi'kmaw scholar and a member of the Qalipu First Nation of Canada. Sean's research interests focus on topics of aging, living with HIV and other infectious diseases, all with a focus on policy affecting health care access for Indigenous Peoples.

Associate Professor Sean Hillier, Interim Director, Centre for Indigenous Knowledges and Languages Centre, York University

Dean Ray is a settler-scholar who works in partnership with Indigenous communities. His research focuses on building ethical relationships with Indigenous peoples and understanding how these communities create, maintain and grow organisations. Dean has a close long-term relationships with Indigenous elders and communities in the Nicola Valley regions of British Columbia where he spent five years learning the language and culture of the Indigenous peoples of that region.

The Centre began as a collaborative effort among Indigenous and non-Indigenous researchers at York University, with a strong focus on declonising research that benefits Indigenous communities and makes a difference to the health and wellbeing of Indigenous peoples.

Some of the key objectives that guide the work of the Centre include:

- Facilitate research that is relevant to Indigenous Life, and respects Indigenous approaches to knowledge and learning
- Establish spaces for Indigenous cultures and communities within the university
- Ensure that the perceptions and experiences of Indigenous community members are reflected in the classroom, on campus and in university life

In my conversations with Sean and Dean, I learnt important insights about the work of their Centre and the impact of the Centre on the health and wellbeing of Indigenous Canadians, with valuable lessons for enhanced mental health of Indigenous peoples.

The provision of health services to Indigenous Canadians is determined by a number of Acts that include:

- The Indian Act
- Health Canada Act
- Provincial Acts
- National Action Plan – First Nations, Inuit
- Crown and Indigenous Relations

Key messages from the meeting at York University

- Federal funding supports the establishment of nursing stations in remote Indigenous communities which are served by fly in/fly out doctors
- Many stations are staffed by nurses with advanced qualifications in the provision of nursing care in remote health services.
- The Federal Government funds crisis intervention teams to respond to cases of suicide and attempted suicide in remote communities.
- Reports indicate that a minority of remote Indigenous communites experience suicides. Within the last decade, 60 per cent of remote communities have reported no suicides
- Those communities with a strong link to culture and ceremony appear to have an element of protection against the negative influences that can contribute to poor health outcomes, including suicide. This applies particularly to those communities which are in active Treaty negotiations and in a position to push back on colonial government regulations.
- As many as half of all Indigenous Canadians live in urban locations where health services are more accessible than in remote locations.

Jordan's Principle

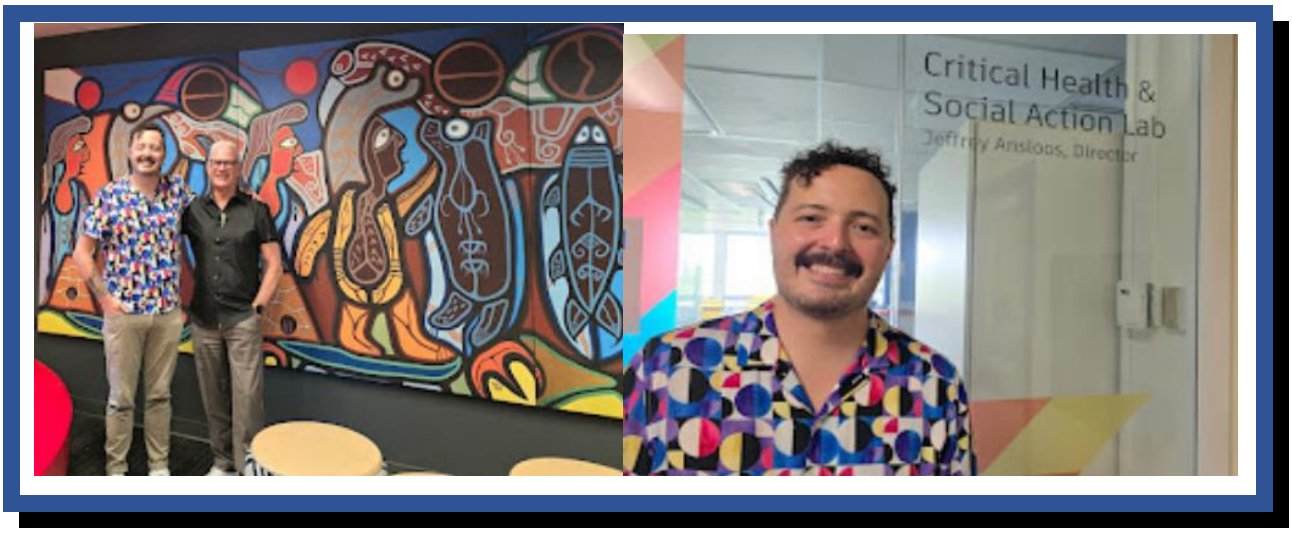
An important initiative to address First Nations child health in Canada is Jordan's Principle. The initiative is named in honour of Jordan River Anderson, a young boy from Norway House Cree Nation in Manitoba, who died of a rare disease because health authorities could not agree who should pay for his care.

Jordan's Principle is designed to ensure equal access to public services for First Nations children regardless of residence or status. The programme is based on need and guarantees equitable access to all government health and social services for all First Nations children whenever they are needed.

Staff at the Centre for Indigenous Languages and Knowledges and the Harriet Tubman Institute for Research on the Global Migrations of African Peoples

Jeffrey Ansloos, Ontario Institute for Studies in Education, University of Toronto

Jeffrey Ansloos is an Associate Professor of Indigenous Health and Social Policy and the Canada Research Chair in Indigenous Studies in Health, Suicide Studies, and Environmental Justice at the Ontario Institute for Studies in Education at the University of Toronto.



Jeffrey Ansloos, Associate Professor of Indigenous Health and Social Policy, University of Toronto

Dr Suzanne Stewart, Executive Director, Waakebiness-Bryce Institute for Indigenous Health at the Dalla Lana School of Public Health, University of Toronto.

Dr Suzanne Stewart, Director, SHEIR, University of Toronto Director of the Waakebiness-Bryce Institute for Indigenous Health, and Associate Professor in Social and Behaviour Health Sciences at the Dalla Lana School of Public Health, University of Toronto

Jeffrey is Cree and a citizen of Fisher the River Cree Nation and is a leading expert in Indigenous suicide research. As such, he is ideally placed to provide important insights into understanding the factors that contribute to high rates of Indigenous suicide and what needs to be done to reduce those unacceptably high rates. His research focuses on protective factors associated with suicide risk reduction.

More broadly, Jeffrey's research and teaching focus on affective, socioecological and political dimensions of health; suicide studies; youth and community mental health; feminist, queer, anticolonial and abolitionist methodologies; and land and community education.

I met with Jeffrey and some of his colleagues at the Waakebiness-Bryce Institute for Indigenous Health at the Dalla Lana School of Public Health, University of Toronto.

Key messages from that meeting included the following:

- It is estimated that from 35% to 60% of Indigenous communities have no recorded any cases of suicide in recent times.
- Easy and regular access to Indigenous knowledge is fundamental to developing a strong sense of one's identity. This includes access to one's culture, language, and social support.

- While ‘fly in, fly out’ health professionals fulfill an important function in remote communities, the health services they provide are not adequate to meet the diverse and complex needs of Indigenous communities. Over time, communities need to be resourced and supported to develop their own skills and capacity in order to meet the health and social needs of Indigenous communities.
- The inadequacy of data collection processes means that it is difficult to gather an accurate and timely understanding of the mental health needs of remote First Nations communities.

Ottawa, Ontario

Dr Howard Njoo, Deputy Chief Public Health Officer, Public Health Agency, Ottawa

Dr Njoo is a highly respected public health professional who has had long-term involvement in the development of policy to improve the health and wellbeing of Indigenous Canadians and has been at the forefront of strategies to protect the Canadian population from COVID-19.

Key messages from my meeting with Dr Njoo included the following:

- Social determinants play a major role in the health and wellbeing of Indigenous Canadians and these must be addressed as a matter of urgency in order to overcome the challenges associated with the high rates of suicide among Indigenous peoples.
- Community control and engagement are crucial to improving mental health outcomes and reducing suicide and suicide attempts among Indigenous peoples.
- There is a pressing need to address the inequities experienced by Indigenous Canadians.
- Ensuring access to traditional knowledges, including language and ceremony, is a vital component of improving the health of Indigenous peoples.

Random images of scenes in Ottawa, capital city of Canada

Halifax, Nova Scotia

Dr Carol Hopkins, Chief Executive Officer, Thunderbird Partnership Foundation, First People's Wellness Circle, Nova Scotia

Renee Masching and Carol Hopkins, generous hosts in Halifax, Nova Scotia

Carol is a member of the Lenape Nation at Moraviantown, Ontario who has worked for over 20 years in the field of First Nations addictions and mental health. She is a highly respected leader in understanding how Indigenous knowledges can be applied to improving the health and wellbeing of Indigenous peoples.

Key messages from my meeting with Carol included:

- Having a sense of hope for the future is essential for improving mental wellness
- There are multiple factors that have a negative impact on the health and wellbeing of Indigenous peoples. These include lack of access to clean water, poor housing, food insecurity, sexual and physical abuse, intergenerational trauma.
- Many mental health problems become internalised and this can lead to depression and shame so that people are like ”leaves floating in the wind.”
- We need to measure and understand wellness and especially how well-connected people are to their nation and community.

Cape Breton, Nova Scotia

CRISM Atlantic Node Canadian Research in Substance Matters

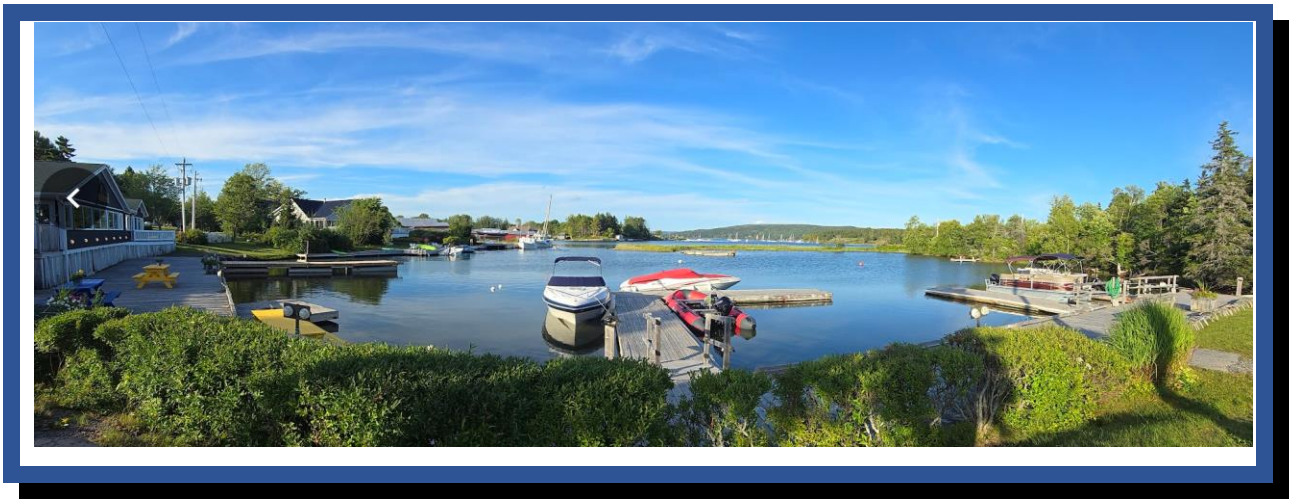
Welcome to Cape Breton, in two languages

A distinct highlight of my visit to Canada was being invited to participate in a three-day workshop organised by the Indigenous Advisory Council of the Atlantic Node of the Canadian Research Initiative in Substance Misuse (CRISM)

CRISM is a Canada-wide network investigating substance use and related interventions. The network comprises five nodes: British Columbia, Prairies, Ontario, Quebec and Atlantic Canada. The workshop took place on the unceded territory of the Mi'kmak Nation on Cape Breton Island. The workshop brought together local Indigenous community members, youth with lived experience, Indigenous activists, elders, policymakers and university researchers.

I was welcomed to the territory of the Mi'kmak Nation by elders Cathy Martin and Albert Marshall. Elder Marshall discussed the significance of Two-Eyed Seeing, a term that he used to refer to learning to see from one eye with the strength of indigenous way of knowing and from the other eye with the strengths of Western ways of knowing and to using both of these eyes together (Peltier 2018) The team has gained significant usage throughout Canada and acknowledges the multiple ways of knowing and understanding some of the social and health conundrums that confront Indigenous peoples.

Welcome to the territory of the Mi'kmak Nation with Elders Cathy Martin and Albert Marshall



Waterway at Cape Breton

Key messages from the workshop included the following:

- Indigenous leadership is crucial to confronting challenges to Indigenous mental health and wellbeing
- Western-trained psychologists do not hold the appropriate knowledge and experience to support and heal Indigenous youth with substance use problems
- Traditional knowledge is crucial to healing and moving Indigenous youth into a state of wellness
- Indigenous youth can sometimes be influenced by impulsivity, caused by feelings of shame and a deficit approach to the future
- Elders were often shielded from what happened in residential schools. Today young people say that they want elders to talk about these traumatic experiences as a way of building resilience.
- Residential schools and religious orders who governed them led to the disruption of family systems and the development of identity issues for young people today.
- Communities need to feel safe for individual and community healing to happen.
- Connection to family and community is vital for developing a sense of belonging and hope for the future.

- A presentation by Kassidy Barnard and Isaiah Barnard of the Wabannake Two-Spirit Alliance emphasised the importance of belonging, with a big focus on the healing powers of ceremony on land.
- Ceremony is important because it provides an Indigenous model that links people with land and contributes to the building of a strong sense of identity.
- An essential component of ceremony is smudging (purification) with four sacred medicines: sweetgrass, tobacco, cedar, and sage.

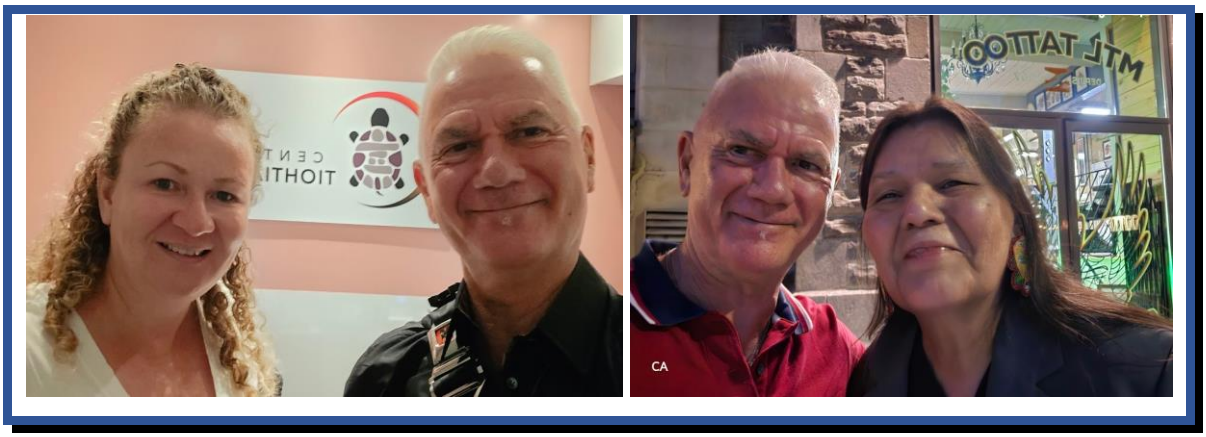
Members of the CRISM team meeting in Cape Breton, Nova Scotia

Montreal, Quebec

Carrie Martin, Executive Director, Indigenous Health Centre of Tiohtià:ke, Montreal

Carrie Martin is a Mi'gmaq woman from Listuguj who has spent the past 20 years working in Indigenous women's health, focusing on HIV. Carrie was the Harm Reduction Coordinator at the Native Women's Shelter of Montreal for 12 years and an advocate for Indigenous women living with HIV. Carrie was also a civil society member of the Government of Canada's Delegation (CANDEL) at the 2016 United Nations General Assembly High-Level Meeting on Ending AIDS (HLM) and is an active member of the CIHR Canadian HIV Trials Network's Community Advisory Committee. In March 2018, Carrie transitioned to the Canadian

Aboriginal AIDS Network as the Indigenous Women's Research Coordinator. She is a doctoral student at Concordia University.



Carrie Martin (left), Indigenous Health Centre of Tiohtia:ke, and Doris Peltier (right), two Indigenous women of Montreal with whom I met

Professor Gustavo Turecki, McGill University

As a result of my visit to Cape Breton, I was introduced to Professor Gustavo Tureki, Chair of the Department of Psychiatry at McGill University. Professor Turecki is a neuroscientist with a long history of work in the field of suicidology. Among other roles, he leads the McGill Group for Suicide Studies. Based on his extensive research into suicide and mental health among Indigenous populations, Dr Turecki identified some of the key barriers and facilitators to improving mental health outcomes in communities affected by suicide. These include:

- Providing adequate resources to serve communities in remote locations
- Understanding the diverse range of mental health problems in Indigenous communities and ensuring adequate clinical services to address these needs
- Provision of interpretation services
- Building and maintaining health workforce capability
- Supporting families to heal from traumatic experiences
- Understanding the diverse and complex factors that contribute to suicide
- Improving access to health services
- Providing training workshops in life skills for young males

Douglas Hospital, Offices of Dr Turecki

Dennis Wendt, Morgan Phillips and colleagues, McGill University

My final visit in Canada took me to McGill University where I met with people with a long history of working with Indigenous communities throughout Canada to reduce the harm caused by poor mental health. Importantly, they shared insights from their work that relate to suicide prevention in Indigenous communities.

Our conversation identified some of the barriers experienced by Indigenous peoples in accessing timely and culturally appropriate health and social services. These are related largely to geography and the lack of services in rural and remote communities.

Our discussion focussed mainly on predictors of success as they relate to mental health and suicide within Indigenous communities. In particular, they noted the importance of strong self-identity, attachment to land and community, success in land claim processes, and strong cultural identity as factors that protect against suicide. They further noted that communities where these factors are prevalent are less likely to experience youth suicide. Reference was also made to health service providers as crucial to providing protection from suicide. Health services with a range of health professionals including first responders, pharmacists, counsellors and nurses are key to ensuring good health and wellbeing of people and communities. As well, the noted the success of tele counselling services for people in remote locations as well as the delivery of medications for people living remotely.

The provision of innovative health services are especially helpful in mitigating the harmful effects of food insecurity, poor housing and intergenerational trauma, all of which affect indigenous communities, especially those in remote locations.

People stressed the importance of “culture as treatment, medicine and wellbeing.” Communities with a strong sense of cultural attachment allow youth in particular to know where they come from and an understanding of their ability to contribute to the future. Young people with hope and a vision for the future are embued with resilience and protection from negative health outcomes.

Dennis Wendt (second from left), Morgan Phillips (centre) and colleagues at McGill University

Lessons learned and knowledge gained

In the three weeks that I spent in Canada, I met with a diverse range of people, all with a common passion and commitment to addressing the pressing challenges caused by the inordinately high rate of Indigenous suicide and its impact on the health and wellbeing of Indigenous peoples and communities.

The lessons learned from these insights have significant applicability to Māori, as well as Indigenous peoples in other parts of the world.

1. A strong and enduring attachment to culture provides a major protective factor that reduces the risk of suicide.

2. Easy and regular access to Indigenous knowledge is fundamental to developing a strong sense of one’s identity. Young people need to have access to culture, language, and social support

3. Ensuring that young people have hope for the future provides protection against poor health outcomes.

4. Facilitating easy and regular access to culturally appropriate health and social services is essential for good mental health and wellbeing for Indigenous peoples of all ages. Ensuring access to culture and ceremony is an important aspect of these services.

5. Young people derive significant benefit from having a connection to whakapapa or genealogy.

6. The stories passed down through generations by elders provide significant benefit to younger generations.

7. Young people benefit from having strong role models in their lives.

8. There needs to be a strong focus on building capacity within communities to help ensure regular access to culturally appropriate health and social services.

9. Data sovereignty is key to understanding community health and social needs and communities must be resourced to collect and care for data within their communities so that it can be used to benefit the communities to which it belongs.

10. Health services in remote locations are vital to providing protection from negative mental health outcomes.

11. Communities in remote locations must be resourced to design and implement health services that meet their needs. As well, people must receive appropriate and regular training to support the provision of culturally appropriate health and social services.

12. Adequate resources for crisis intervention are a fundamental component of culturally appropriate health care.

13. Community control and autonomy are important in addressing the social determinants that affect health and wellbeing. These include ensuring access to clean water, adequate housing, food security, protection from sexual and physical abuse, addressing intergenerational trauma, and ensuring easy access to mental health services, including suicide prevention and postvention.

14. Health and social services need to understand and measure wellness and connection to community to ensure services are culturally appropriate to meet the needs of communities.

15. Strong leadership is essential for confronting the mental health challenges faced by `indigenous communities. As well, service providers need to understand the diverse range of mental health problems faced by Indigenous peoples and provide culturally-based solutions to address them.

16. The harm caused by residential schools to Indigenous peoples and communities must be acknowledged and addressed in mental health wellness programmes.

17. Families must be supported to heal from the intergenerational trauma caused by residential schools.

18. Young males need to be provided with training in life skills.

As well as lessons learned and insights gained, this Fellowship has led directly to the forging of valuable relationships with Indigenous leaders in Canada. Over time, it is hoped that these relationships will grow and flourish in ways that will enhance strategic approaches to Indigenous suicide prevention in both Aotearoa and Canada.

One tangible outcome of the Fellowship is the building of a relationship with A/Professor Ansloos. In my capacity as a member of the Academic Committee of the World Indigenous People's Conference on Education (WIPCE), I was able to invite Dr Ansloos to be a key note speaker at the forthcoming meeting in Auckland from 16 to 24 November, 2025. WIPCE is the world's largest international conference of Indigenous peoples and attracts more than 3000 delegates. Thanks to Dr Ansloos' presentation, we have been able to include a number of suicide prevention focussed presentations on the programme. His presence at the conference will help to ensure that a significant part of the programme will be devoted to this important topic.

The relationships built between Canadian researchers and researchers in Aotearoa will help to ensure a strong focus on national and international efforts to reduce the risk of suicide among Indigenous peoples in both Aotearoa and Canada.

Conclusion

Canada and Aotearoa share a common history of colonisation that has had a profound impact on the Indigenous peoples of both nations. More than two hundred years since the inception of colonisation and its destructive influences, the Indigenous peoples of both countries experience similar negative social and health outcomes, with these being measured in a number of indicators that include lower life expectancy and higher rates of poor mental health, including suicide ideation, than among their non-Indigenous peers.

The lessons that can be learned across the two nations are invaluable in reversing the disparities experienced by the Indigenous peoples in these countries.

The Winston Churchill Fellowship has provided me with crucial insights from Canada that will be beneficial in addressing suicide-related challenges faced by Māori, the Indigenous peoples of Aotearoa.

I am immensely grateful for the opportunities provided by this Fellowship and I am especially grateful for the generosity and kindness afforded to me during the course of this Fellowship.

Me ngā mihi nui ki a koutou katoa mō tō koutou taukoko i te kaupapa nei.

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