A Global Synthesis of Indigenous Mental Health Paradigms Beyond the Biomedical Model

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Abstract—This review offers a comprehensive synthesis of Indigenous mental health paradigms, presenting a self-contained ontology that is distinct from the Western biomedical model. Through a systematic narrative review informed by Critical Indigenous Theory, the author analyzed 40 studies encompassing diverse Indigenous communities worldwide. Findings elucidate that Indigenous concepts of health are fundamentally rooted in relational ontologies, defined as a state of complete balance and harmony among the individual, community, land, and spirit world. Aetiologies of suffering are consistently traced to spiritual and supernatural causation, historical and intergenerational trauma, and profound disconnection from culture and land. Distress is communicated through somatic, spiritual, and social idioms, rather than through clinical taxonomies. Healing pathways are designed to restore relational balance, centring on the role of Elders, traditional healers, and community-led initiatives, where "community is medicine." Crucially, factors such as cultural connectedness, spirituality, and intergenerational solidarity have been empirically demonstrated to be protective against mental illness and foster resilience. The study concludes that these endogenous knowledge systems form a coherent and valid framework for understanding mental health. Validating these paradigms is essential for decolonising mental health practice, informing culturally sovereign services, and effectively supporting the well-being of Indigenous peoples globally.

Index Terms—Cultural Connectedness, Decolonising Mental Health, Historical Trauma, Indigenous Mental Health, Relational Ontology, Traditional Healing A Global Synthesis of Indigenous Mental Health Paradigms Beyond the Biomedical Model

I. INTRODUCTION

Conceptualizing Mental Health Among the Indigenous Peoples

The conceptualisation of mental health is not a universal truth but a construct deeply woven into the fabric of cultural and spiritual ontologies. For the world's Indigenous peoples, understandings of wellness are anchored in cosmologies that fundamentally diverge from the individualist, biomedical model of the West. Where the latter pathologizes the mind, Indigenous frameworks perceive health as a state of balance and harmony within a dynamic network of relationships that connect the individual to community, ancestry, land, and the spirit world.[1, 2, 3] This holistic vision is captured in profound idioms; for the Sami, the belief that "We belong to nature" encapsulates a worldview where mental well-being is inseparable from connection to land and kinship,[4] whilst for many North American Indigenous communities, the principle of "All my relations" defines a person's place within a living, spiritual universe.[5]

Despite global advances in mental health research, Indigenous perspectives remain critically underrepresented and often subsumed within Western ontological frameworks.[6, 7] Prevailing research frequently positions Indigenous mental health through a deficit lens, focusing on disparities measured by Western diagnostic standards, thereby perpetuating epistemic injustice.[8] This creates a significant gap, as Indigenous concepts of health defined by balance, relationality, and harmony[3, 4] and aetiologies of illness rooted in spiritual, historical, and ecological contexts[9, 6, 10] are fundamentally different. Consequently, there is an urgent need for a scholarly synthesis that foregrounds Indigenous mental health narratives on their own terms, without using the Western biomedical model as a comparative benchmark.

Theoretical Perspective of the Study

To guide this study and ensure its alignment with the core objective of centring Indigenous knowledges, the research is framed through the lens of Critical Indigenous Theory. This perspective offers a necessary alternative to dominant Western psychological paradigms, providing a robust framework for decolonizing mental health

research.[11, 12] Critical Indigenous Theory challenges the hegemony of Western epistemology and asserts that colonialism is an ongoing power structure that continues to marginalise Indigenous worldviews, ontologies, and systems of healing.[6, 8, 13] This theoretical stance privileges key principles central to this study: a relational ontology that defines health as balance within a network of relationships;[3, 4] a historical and structural analysis that contextualizes mental health within historical trauma and ongoing violence; [6, 14] intellectual sovereignty that affirms the right of Indigenous peoples to define their own health and healing;[5, 15, 16] and a strength-based framing that focuses on resilience and cultural strength.[17, 18, 19]

The Aim, Research Questions, and Objectives of the Study

The primary aim of this study is, therefore, to systematically synthesise global Indigenous perspectives to articulate a self-contained understanding of mental health. This aim will be achieved by addressing the following research questions:

1. How do Indigenous ontologies and knowledges from diverse global contexts define the foundational concepts of mental health, illness, and well-being?
2. What are the core Indigenous aetiologies of mental suffering and distress, as articulated through narratives of spiritual causation, historical trauma, and disconnection?
3. How is mental and emotional distress communicated, experienced, and manifested within Indigenous frameworks and lived experiences?
4. What constitute the primary Indigenous healing pathways, systems of care, and protective factors that foster resilience and restore well-being?

The specific objectives of this review are:

1. To elucidate the foundational Indigenous concepts of health and illness, with a specific focus on ontologies of balance, relationality, and harmony with the community, land, and spirit world.
2. To analyse and deconstruct the core aetiologies of mental suffering from within Indigenous paradigms, specifically examining narratives of spiritual and supernatural causation, historical and intergenerational trauma, and disconnection from culture, land, and community.

3. To explore the diverse manifestations and lived experiences of mental distress, focusing on somatic, spiritual, and social idioms of communication as defined by Indigenous communities.
4. To identify and document Indigenous healing pathways, systems of care (including the role of Elders and traditional healers), and culturally-grounded protective factors that promote resilience and sustained well-being.

By answering these questions and fulfilling these objectives, this research will provide a coherent, globally informed articulation of mental health from within Indigenous epistemological standpoints, thereby contributing to the decolonization of mental health discourse and practice.

II. METHODS

Study Design

This study employed a systematic narrative review methodology. This approach was selected to facilitate the thematic synthesis of diverse qualitative and quantitative findings into a coherent, critical narrative, which is essential for interpreting Indigenous perspectives without forcing a quantitative meta-analysis that is incongruent with the subjective, lived experiences and cultural contexts being examined. [14]

Search Strategy

A comprehensive literature search was conducted to identify relevant studies. The search was conducted across major academic databases, including PubMed, PsycINFO, and CINAHL, as well as utilizing institutional access to Journal hubs such as Sage, Wiley, and Taylor & Francis. For Indian Tribal studies, a Google search was conducted, as many journals were not included in reputable databases. The search strategy used a combination of keywords and controlled vocabulary terms (e.g., MeSH in PubMed) structured around four key concepts: Population, Domain, Concept, and Context.

Selection Criteria

The study selection process adhered to pre-defined inclusion and exclusion criteria.

Inclusion Criteria:

- Peer-reviewed journal articles, books, and book chapters.
- Publications in English.

- Studies focused explicitly on the beliefs, perceptions, narratives, or lived experiences of mental health and illness from the perspective of Indigenous or tribal community members.
- Studies investigating Indigenous healing practices, traditional medicine, and community-based interventions.
- Research that centrally discusses colonialism, historical trauma, or cultural dislocation in relation to mental health.

Exclusion Criteria:
- Studies that solely measured mental health prevalence using Western diagnostic tools without exploring cultural context or meaning.
- Articles where the Indigenous perspective was not central (e.g., clinician perspectives without patient/community data).
- Studies not primarily focused on mental health.

Study Selection and Data Extraction
The study selection was conducted in two stages to ensure rigor, as summarized in the PRISMA flow diagram (Figure 1).
Initial Screening: The database searches yielded a total of 345 records. After removing duplicates, the titles and abstracts of 79 articles were screened against the inclusion and exclusion criteria.
Full-Text Review: The full texts of the 79 articles were obtained and assessed for eligibility. This process confirmed their direct relevance to the research questions. A final corpus of 40 studies was selected for in-depth synthesis.

Data Synthesis and Analysis
The principles of thematic synthesis, guided by Critical Indigenous Theory, were used to analyze the data. This involved a recursive process:
Familiarisation and Coding: Immersive reading and re-reading of the extracted data to identify initial concepts and codes (e.g., "health as balance," "spiritual causation," "Elder healing").
Theme Development: Codes were critically analyzed and grouped into descriptive themes that directly address the research questions. For instance, codes related to "spirit possession," "witchcraft," and "soul loss" were synthesized under the analytical theme "Spiritual and Supernatural Causation."

Theoretical Integration: The descriptive themes were further interpreted and organized into the

manuscript's analytical framework (Foundational Concepts, Aetiology, Manifestations, Healing Pathways, Protective Factors). The lens of Critical Indigenous Theory was applied to ensure the analysis consistently centred Indigenous ontologies and highlighted themes of resilience and sovereignty.

Narrative Construction: The synthesized findings were woven into the coherent narrative presented in this manuscript.
Rigour and Reflexivity
To ensure the trustworthiness of the synthesis, the process-maintained rigour through systematic searching, transparent inclusion criteria, and a clear audit trail of thematic decisions. A reflexive approach was adopted, wherein the researchers continually acknowledged their positionality relative to the Indigenous knowledge being synthesized and ensured that the voices and narratives from the source literature remained paramount, in line with the decolonial ethos of the research.

Figure 1: PRISMA Flow Diagram Illustrating the Process of Study Selection for the Systematic Narrative Review.
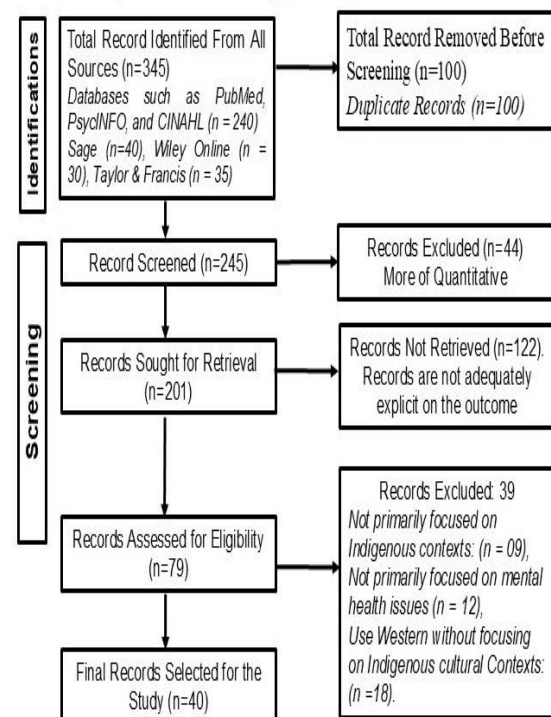
Figure 1. PRISMA Flow Diagram of the Study Selection Process

III. RESULTS

Listening closely to the voices emerging from the literature, a profound and intricate picture of Indigenous mental health comes into view one that is deeply woven into the fabric of community, spirituality, and the living land. This is not a story of symptoms and diagnoses, but of balance and connection, of historical wounds, and of enduring resilience. The findings that follow are an effort to honour these narratives and synthesise their collective wisdom.

Weaving a Tapestry of Health and Illness

At the heart of Indigenous worldviews lies an understanding of health that is fundamentally relational, challenging the very foundations of Western individualistic medicine.

Health as Relational Harmony

The most poignant articulation comes from Indigenous Ecuadorian peoples, for whom health is not a solitary state but a harmonious dance of relationships. They define it as a "state of complete balance and harmony… among body, spirit, mind, and community."[3] Here, illness is not merely a biological malfunction, but a poignant "rupture of this balance" a tear in the relational web that sustains a person.[3] This echoes the deep-seated holistic vision long recognised in Australian Indigenous communities, where well-being has always been an inseparable blend of the spiritual, environmental, and social.[2] Perhaps no phrase captures this more beautifully than the Sami conviction, "We belong to nature."[4] For them, mental health is the palpable feeling of being rooted connected to the land that nourishes, the family that holds them, and the language that expresses their soul. It is a declaration that to be well is to be in relationship.[4] Within this cosmos, traditional medicine is the practical art of maintaining these bonds a "core part of the identity" that draws its power from a holistic vision embracing the person, community, nature, and cosmos.[20]

The Sustaining Power of Spirituality

In these worldviews, spirituality is the very air that the concept of health breathes. It is not a separate compartment for worship, but the ground of being. Research with Australian and New Zealand Indigenous peoples reveals that spirituality is the bedrock of their mental health, inextricably linked to culture, land, and ancestry.[21] This is not merely a cultural observation but an empirical reality: among Northern Plain tribes, a deep spiritual orientation was significantly linked to a brighter mental health status, acting as a vital, "protective resource" in people's lives.[17] When distress occurs, Indigenous Australians often understand it through a spiritual or moral lens a disconnect from what is right and sacred rather than through a clinical checklist of symptoms.[22]

Tracing the Roots of Suffering

When this delicate balance is disrupted, Indigenous narratives trace the source to spiritual, historical, and cultural fractures.

The Spiritual and Supernatural World

Across the globe, the origins of mental distress are often sought in the spiritual realm. The rural Xhosa people of South Africa have long understood serious mental illness through concepts of witchcraft and spirit interference,[1] a belief shared by communities in northern Nigeria.[23] In the tribal heartlands of India, the anguish of mental illness is consistently attributed to forces like Bhoot-Pret (ghost affliction) or Devi-Deva Ka Prakop (the wrath of a deity).[24, 9] Meanwhile, for selected Filipino indigenous peoples, the heavy cloud of depression might be explained as 'supernatural retribution' for a broken taboo, a 'soul loss,' or an unwelcome 'spirit intrusion'.[25] These are not mere superstitions, but coherent causal models that locate suffering within a larger, meaningful cosmos.

The Lingering Shadow of Historical Wounds

Beneath many contemporary struggles lies the profound, aching legacy of colonialism. In American Indian communities, this is powerfully named the "postcolonial predicament" a reality where mental health disparities are the direct consequence of historical trauma and the relentless erosion of cultural life.[6] The poignant statement, "We never were happy living like a Whiteman," speaks volumes about the psychological cost of cultural dispossession.[6] This sentiment is echoed in the visceral description of the socio-political environment as a "chaotic soup of politics," a simmering pot of broken treaties and ongoing injustice that poisons well-being.[14] The legacy is equally palpable in Guatemala, where the psychological pain of Indigenous Mayan communities is inextricably linked to a history of

colonial violence and marginalisation that continues to this day.[13]

The Pain of Disconnection

Perhaps the most profound source of suffering is the rupture of the very relationships that define health and well-being. For Indigenous Australians, 'country' is a living, spiritual relative. Therefore, the climate crisis is not just an environmental threat; it is a form of cultural and psychological violence, severing a sacred bond and unleashing a profound existential grief [10]. In urban Canada, research shows that cultural continuity the unbroken connection to language, tradition, and community is a lifeline. Its absence is a key predictor of poor mental health, while its presence is a wellspring of strength.[18] This is underpinned by the concept of "cultural efficacy," a deep-seated belief in the power and value of one's own culture, which is fundamentally linked to mental wellness.[26]

Manifestations and Lived Experience Through the Language of Distress

When words fail, the body and the spirit often find a way to speak. Distress communicates itself in ways that Western clinics are often deaf to.

In Indigenous Australian communities, psychological pain may be expressed not as 'depression' or 'anxiety,' but through physical ailments or stories of spiritual unrest, requiring a listener attuned to a different kind of language.[22] In rural Nigeria, a community knows someone is unwell when they can no longer fulfil their role as a farmer, a parent, or a neighbour mental illness is demarcated by its impact on social harmony.[27] In India, the stigma attached to mental health problems varies dramatically, revealing how the very experience of illness is shaped by one's proximity to a collective, tribal worldview or a more individualistic, urban one [28]. For the Sami in Stockholm, the struggle is often the quiet, relentless burden of 'code-switching' and the painful 'sense of not belonging' in a city that does not fully see or reflect their identity.[29] It is in the direct, unfiltered "narratives from the Naga tribes" that we finally hear these experiences in the first person, grounding our academic understanding in the raw, human truth of lived experience[30].

Healing Pathways: Weaving the Web Anew

Healing, in response, is the sacred work of re-weaving the torn web of relationships.

The Guiding Hand of Elders and Tradition

The figure of the Elder emerges as a cornerstone of healing. In Canada, they offer "healing through tradition," providing stories, ceremonies, and guidance that restore a sense of identity and purpose to young people[15]. This relational healing is powerfully captured in the principle of "All my relations," where Indigenous patients find a quality of connection with Elders a feeling of being truly "heard, understood, and safe" that is often absent in sterile clinical settings[5]. It is no surprise, then, that a majority of tribal patients in India express a clear preference for the traditional healer, whose methods are steeped in 'faith' and 'cultural acceptance'.[31, 32]

The Medicine of Community and Youth

Healing is rarely a solitary journey. The success of community-based cultural interventions for American Indian youth and their families demonstrates the potent medicine of reclaiming collective identity and practice.[33] This is an active, decolonial process a pedagogy that uses "community conversations about research to end suicide," thereby empowering communities to reclaim their own narratives and solutions.[34] Today, this spirit is alive in the powerful mantra that "community is medicine," embodied by Indigenous youth who are leading peer-support movements to heal their own generation.[16]

Reclaiming and Re-imagining Care

The ultimate calling is to transform mental health care itself fundamentally. This involves the courageous work of "re-imagining mental health services" by centring Indigenous perspectives from the ground up,[35] developing thoughtful cultural adaptation strategies[36,] and applying a "decolonial perspective" to infant mental health to ensure that the next seven generations are raised immersed in the strength of their own cultural ways.[37]

The Wellsprings of Resilience

The story of Indigenous mental health is ultimately one of profound strength and resilience.

The Shield of Cultural Connectedness

Evidence overwhelmingly confirms that cultural identity is a powerful shield. For urban Indigenous people, maintaining cultural continuity is a vital buffer against despair.[18] For young Aboriginal men in Central Australia, connecting with "old ways" is a proven path to improved mental health [38]. Most compellingly, research shows that for urban

American Indian children, strong cultural connectedness actively protects them, acting as a buffer that softens the blow of life's stresses and directly safeguards their mental health.[19]

The Strength of Spirit and Solidarity
The protective power of spirituality is a recurring theme, a constant source of meaning and fortitude[17]. Furthermore, the fabric of social relationships provides critical support, with studies showing how social capital and intergenerational solidarity the bonds of care and respect between the young and the old are strongly associated with better mental health, offering a tangible sense of belonging and support.[39, 40]

IV. DISCUSSION

This systematic narrative review has unequivocally demonstrated that a distinct, coherent, and self-validating ontology governs Indigenous mental health. Our findings, synthesized from a global corpus of literature, substantiate the research argument by providing a comprehensive understanding of aetiology, manifestation, and healing that is grounded within its own cultural context. The central pitch that a scholarly synthesis centering Indigenous perspectives on their own terms is a necessary intellectual contribution has been resoundingly validated.

The research argument served as a decolonizing compass, necessitating the use of Critical Indigenous Theory. This theoretical lens provided the philosophical rigor to treat Indigenous knowledge systems as the primary object of study, whose internal logic requires no external validation.[6, 8, 11] The findings have confirmed the existence of a coherent, relational ontology, ranging from the Ecuadorian concept of "complete balance"[3] to the Sami declaration, "We belong to nature."[4] The identified aetiologies spanning spiritual causation, historical trauma, and cultural disconnection are not random superstitions but interconnected explanations that make perfect sense within this relational worldview.[9, 6, 10]

The systematic methodology successfully delivered answers that align with our initial objectives. We elucidated that Indigenous definitions of health are universally relational and holistic,[3, 20, 4] substantiated a complex tripartite aetiological model,[9, 6, 10] demonstrated that distress is communicated through culturally constructed idioms,[22, 27] and catalogued healing pathways that flow directly from ontological premises.[31, 5, 16] The identification of factors like cultural connectedness as a buffer [19] provides empirical, strength-based validation for the entire paradigm. The ultimate contribution of this work is that it moves beyond critiquing Western paradigms to construct a proactive, positive alternative framework.

V. CONCLUSION

This study synthesizes global evidence to articulate a self-contained Indigenous ontology of mental health, centered on principles of relational balance, spiritual equilibrium, and cultural continuity. It defines well-being as harmony within a network of connections to community, land, and ancestry. The findings validate that Indigenous paradigms offer a complete and sophisticated framework for understanding mental health, fundamentally distinct from the Western biomedical model. Consequently, the most critical implication is that the prevailing Western model is an insufficient and often incongruent framework for understanding or supporting Indigenous mental health. Authentic support requires a fundamental shift towards recognizing, respecting, and resourcing Indigenous knowledge systems and healing sovereignties. The validation of these endogenous frameworks is not merely an academic exercise but a crucial step toward culturally sovereign, effective, and equitable mental health care for Indigenous peoples worldwide.

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