

Title: Help-seeking and access to health and social services among Anicinapek men

Abstract: Although the issue of access to and utilisation of health and social services in Indigenous communities appears more pressing for men than for women, studies have nevertheless tended to focus on women's interactions with services. The objective of the study was to identify factors facilitating help-seeking among Anicinapek men living in Indigenous communities in the Abitibi-Témiscamingue region of Québec, Canada. The qualitative study involved 15 men, who were users of services, from across three Anicinapek Nation communities. The results show that factors facilitating access to services for participating men included: familiarity with services, the support of others, engagement with the healing process, and self-reliance. Based on the analysis of results, the study concludes that these facilitating factors act to mutually reinforce one another in the course of men's use of health and social services.

Introduction

Canada's Indigenous populations contend with a range of health inequalities.¹ Self-reported health among Indigenous persons is poorer than that of non-Indigenous people and they are overrepresented among people affected by illnesses, including arthritis, asthma, cardiovascular diseases, diabetes, tuberculosis, and STIs. (Loppie & Wien, 2022). These health inequalities are largely attributable to adverse social determinants of health that cause difficulties of access for Indigenous populations to such necessities as health and social services, housing, education, and employment (Greenwood et al., 2018; Labra et al., 2023). These adverse conditions have their origins in colonial policies. For example, the remote location of many Indian reserves, determined by the Canadian state at the time of their establishment, means that they are often isolated and have limited infrastructure, greatly reducing these communities' access to educational institutions, employment opportunities and adequate housing (Greenwood et al., 2018).

¹ The Indigenous population of Canada includes First Nations, Inuit, and Métis communities.

Multiple studies indicate that Indigenous men are particularly affected by social upheavals stemming from colonialism, including the loss of their traditional roles as providers and protectors for their families and communities (Isaacs et al., 2013; Canuto et al., 2018). Indeed, indigenous men are particularly at risk of such health and social outcomes as suicide, incarceration, drug and alcohol abuse, difficulties in accessing employment, low education levels, poverty, and exposure to violence (Innes, 2015; CSSSPNQL, 2018; Robinson et al., 2023). Yet, despite these challenges, fewer men than women in Indigenous populations seek help (CSSSPNQL, 2018). For the purposes of the present study, help-seeking will be defined as the act of reaching out to someone with the aim of obtaining support in resolving a health problem or improving one's wellbeing. Help-seeking can be characterised as proceeding through three stages: (1) the perception of an anomaly and its identification as the symptom of a problem; (2) the decision to resort to external aid in order to solve the problem; and (3) taking action by identifying, and establishing contact with, a help resource (Scott & Walter, 2010). Social work can play a role in improving the health and wellbeing of Indigenous men (Prehn, 2019). However, the involvement of social work in the implementation of certain colonial policies, notably in the case of the placement of Indigenous children in residential schools and in foster homes, has largely contributed to the aura of mistrust that surrounds the profession (Tremblay & Ellington, 2022).

Both male populations and Indigenous populations face distinct obstacles to help-seeking. In comparison with women, men are overall less inclined to seek help (Hammer et al., 2013; Labra et al., 2019); this may result from men's identification with hegemonically masculine values (Hammer et al., 2013; Labra et al., 2019), especially since certain aspects of conventional modes of service delivery conflict with those values (Labra et al., 2019). For example, independence, the quest for self-reliance and the rejection of emotions have been identified as elements characteristic of a hegemonic masculine identity which may impel some men to

eschew health and social services, even when facing situations of vulnerability (Roy et al., 2014; Addis & Hoffman, 2017).

For Indigenous populations, the principal barriers to help-seeking have been shaped by cultural and socio-historical factors (Isaacs et al., 2013), including the disparity between Indigenous people's predominantly holistic approach to health and the biomedical approaches that characterise established offers of health and social services (Labra et al., 2023), as well as lack of information about existing services (Davy et al., 2016) and a mistrust of services stemming from colonialism and professionals' lack of cultural competencies (Labra et al., 2023).

Although obstacles to help-seeking among both men and Indigenous populations have been the subject of numerous studies, the ways in which help-seeking barriers affect Indigenous men in particular have yet to be fully addressed (Isaacs et al., 2013). Relevant data are extremely sparse. Indeed, an exhaustive search identified only four existing studies of help-seeking among Indigenous men (Hughes, 2004; Adams et al., 2013; Isaacs et al., 2013; Canuto et al., 2018). These studies' findings converge to show that the principal obstacle to help-seeking among Indigenous men is a tendency to not divulge one's problems, notably due to a reticence to speak about feelings or emotions (Isaacs et al., 2013). Another obstacle is a mistrust of general services, which are often culturally unsafe (Hughes, 2004; Adams et al., 2013; Isaacs et al., 2013; Canuto et al., 2018). However, these studies devote little attention to *facilitators* of help-seeking, either in terms of the characteristics of health and social services or in terms of personal and environmental factors. Yet, strengths-based approaches are 'the only way of working with Indigenous people' (Askew et al., 2020), since approaches focused on deficits tend to further exacerbate stereotypes and marginalisation (Hyett et al., 2019). Therefore, a

salutogenic approach is well-suited to social work in Indigenous contexts since it adopts a holistic perspective of health and focuses on personal strengths in their various dimensions (physical, mental, emotional, spiritual), rather than on obstacles (Fekete et al., 2020). In this context of fragmentary research, the present study sought to identify personal and organisational factors facilitating Indigenous men's help-seeking from health and social services, focusing specifically on a population of men from three Anicinape First Nation communities in the Abitibi-Témiscamingue region of Québec, Canada.

Methodology

The results reported in the present article derive from a broader research project addressing the needs of Anicinapek men in relation to health and social services, as well as the factors that may favour their use of these services. Although the results presented herewith are drawn from a study which also evaluated the quality and relevance of the services received by men, the present article is more specifically concerned with the stages that precede men's use of services, that is, the help-seeking process.

Study area

The study was carried out in the Abitibi-Témiscamingue region of western Québec (Canada), which is situated on unceded Anicinapek territory, specifically in the three Anicinapek communities of Pikogan, Lac Simon and Kitcisakik. Each of these communities ensures the governance of the health and social services dispensed to their members within their territory. Services are delivered within *Centres de santé* [Health Centres], establishments offering first-line health and social services, such as: addiction services, cultural activities, family medicine, food

banks, nursing care, nutrition, parenting skills support, prevention programmes and psychological support. At the time of data collection, activities related to services or programmes addressed specifically to men were hosted occasionally by Health Centres in two of the three communities, while one community had a dedicated practitioner offering support for men and fathers.

Participants

Characteristics	N=15
Age group	
18-29 years	2
30-55 years	8
56 years and older	5
Education levels	
Secondary not completed	8
Secondary completed	2
University not completed	3
No answer	2
Socio-professional situation	
Working full-time	9
Working part-time	3
Other (Unemployed / Retired / On leave)	3
Income bracket (\$CAD)	
Under \$29,999	6
Between \$30,000 and \$44,999	3
Between \$45,000 and \$59,999	4
\$60,000 and more	1
No answer	1
Civil status	
In a relationship	12
Separated or divorced	2
No answer	1
Children under 18 years of age	
No children	3
1 or 2 children	6
3 or 4 children	4
5 or 6 children	2
Perceived health status	
Average	4
Good	7
Very good	2
No answer	2
Diagnosed chronic health issues	
None	9
Chronic health issue	5

Physical limitation	1
Frequency of service use (voluntary)	
Regular	9
Occasional	2
Frequent follow-ups for chronic conditions	4

Data collection

Fifteen participants (N=15) were recruited from among the three communities. In two of the communities, community workers acting as research assistants facilitated the recruitment of participants and the establishment of culturally safe connections. The criteria for inclusion were to: (1) be of male sex; (2) be aged 18 or older; (3) self-identify as Indigenous; (4) reside in one of the participating communities; and (5) have used at least one health or social service(s) during the five years preceding data collection. The sample was constituted so as to be internally diverse, both in terms of sociodemographic characteristics (age, income, occupation) and in terms of criteria directly relevant to the research topic (degree of experience with services, types of services received, health status). Among the recruited participants, five were in the dual position of being both service users and service providers.

Semi-directed interviews, approximately one hour in length, allowed for the exploration of Anicinapek men's experiences. The interview guide addressed four major themes: (1) participants' use of services; (2) organisation, quality and relevance of offered services; (3) the links between masculinity and access to services; and (4) participants' ease and capacity of access to services. Interviews were recorded in digital audio format and subsequently transcribed verbatim for analysis. The transcripts were also submitted to participants for

possible correction or completion. Data analysis and result interpretation were conducted continuously using NVivo 12[®] software (QSR International inc.). Data validation procedures were carried out with the community workers involved in participant recruitment, as well as with 19 men from the Pikogan community, of whom 3 were study participants. These procedures confirmed the validity of meanings extracted from participant statements during data analysis and served to adjust or complete certain elements.

Ethical considerations

Within a perspective of collaborative ethics (APNQL, 2014), research towards the present study was carried out WITH, not ON, Indigenous men. To ensure the integrity of this approach, participating communities were engaged in every stage of the project. Indeed, exchanges with partners began from the project's very inception and continued throughout the implementation of the research protocol, as inspired by the approach of Asselin and Basile (2012). Approval was obtained both from community Band Councils and the UQAT research ethics committee (Certificate number: 2021-10-Pourcelot, H.). During data collection, the free, prior, and informed consent of participants was sought and validated via a signed consent form. Participants were given the option of providing consent orally if they so wished. Finally, study results were communicated first to the participating communities (APNQL, 2014) in a form facilitating their translation into practice, namely a booklet outlining the project's principal results and recommendations.

RESULTS

1. Triggers of help-seeking

Multiple personal factors emerged as triggers of help-seeking. One such type of help-seeking catalyst reported by participants was the experience of a crisis situation.

There are times when they [Anicinapek men] are not well in their relationship, things aren't going well in their life. That's how it is with people here. With men, that's how it is. They have to be at the end of their rope to use the services, it's always like that. I was like that, and I think that most are like that. (P10)

Other participants mentioned that triggers of help-seeking emerged in the course of judicialisation processes, either in the form of a court order to seek help (P11), or in the course of services received in a carceral institution:

I asked for healing from a member of the CRC [social reintegration centre for criminalised men][...]. There was a worker in there, and she explained to me how to get hold of myself, to get out. [...] I participated [in] everything and it did me good. (P07)

Such factors stem from situations in which help-seeking is compelled by external pressure or the gravity of a personal situation. By contrast, triggers that may prompt early help-seeking cited by respondents included a sense of 'awakening' (P05) and becoming aware of the harmful nature of one's behaviours:

I was repeating the same situations as my father [...]: that it's ok to yell at everybody, that it's ok to yell at your spouse. And then you realise that it's not the way to go. That's why I'm saying that it's becoming aware that pushes men to come and look for help. (P15)

For one participant, change came about during his first experience of a traditional ceremony:

When I went in [to the ceremonial lodge], I got shivers [...] My cousin, he'd already been doing it a long time. [...] I was still drinking [...] while he was doing ceremonies [...]. And that's when I pulled myself together. When I pulled myself together, my life changed. (P07)

For another respondent, change was prompted by deteriorating health: 'That's when it started to change. That's when I started seeing the doctor, the nurses, and all that' (P10). Moreover, services themselves can play a facilitating role in achieving awareness: '[Becoming aware] comes from awareness-raising [...], projects in the community [...] that make you realise that yes, there are issues, there has to be a change somewhere' (P15).

External factors can also play the role of triggers for utilisation of services. For example, targeted outreach appears as a factor facilitating help-seeking for multiple participants. For Participant 16, it was the invitation extended by a friend, a community service worker, that made him decide to participate in a healing programme.

Ultimately, change may result from a particular conjuncture: a moment in which multiple factors interact to create conditions favourable to action. Thus, for some of the men participating in the study, help-seeking and engagement with services came about because of circumstances that required 'being there in your life' (P11). For many participants, it is the simultaneous presence of various situational elements and favourable factors that created the necessary *momentum* for their help-seeking.

I was looking for a way to get healthier a bit, to be well. [...] So I went into the woods, because me, I wanted to get away from reality. I was tired of reality and I wanted to go heal myself in the forest, and [...] I was really stressed. That's why I wanted to leave and go to the forest and stop using. [...] It's my friend who came to get me. And then after they offered me this place [in the programme] (P16).

Motivators of help-seeking

Many factors motivate men to make requests for help and to use services. For some, help-seeking comes as a result of witnessing the deleterious consequences of a failure to seek help from services. Thus one participant reported that people he had known and who were afflicted with the same disease as himself had died after refusing to seek help from institutional health services (P10). For another participant, it was the potential consequences of wrongdoing that encouraged him to initiate help-seeking:

In terms of the law, if you commit certain offences, you can drag a criminal record around for the rest of your life, which was the case for my father, as it was the case for my grandfather. [It's] one of the factors that made me go look for help: I didn't want to be like my father. (P15)

Another motivator of help-seeking, cited by a majority of participants, is the pursuit of their family's and their community's wellbeing.

Today, I'm only trying to help my people, people who have the same problem as me. I know there are many. [...] I can only show what I'm capable of doing today, through my willpower, by using the services that exist in society. (P04)

Along similar lines, some participants explained that they use services in order to 'break the cycle' (P15) and facilitate collective healing. Thus for the following participant, his personal efforts may lead to broader change for the next generation: 'if I can just break the cycle in my family line, that will have been my contribution. And if someone else does it, in their family, then that will make two [...] out of maybe twenty families. And so on' (P15).

For many of the participants, utilisation of services is also motivated by the pursuit of their own wellbeing: 'I want to live a happy life, I want to be well, I want to stop suffering, I want to stop crying, I want to stop thinking, I want to stop worrying' (P8). For some of the men, use of services is part of a personal development trajectory towards better self-knowledge: 'I was a

little bit in a search for who [...] I am, [I wanted] to improve what I'm capable of improving' (P15).

Fears surrounding help-seeking

Participants cited a number of fears which may account for men's reticence to turn to services in order to seek help. For many, 'mistrust' (P06) and 'lack of confidence' (P12) towards services and professionals had been obstacles to seeking help, both in the case of services offered within their communities and those further afield. Furthermore, participants described this mistrust as stemming from collective memories linked to colonial history (P02), including the mass forced placement of multiple generations of children from the community in residential school²s (P03, P12). A different type of fear towards social services mentioned by participants was that personal information shared during encounters with service workers could lead to legal complications:

For sure, we'd like to talk to psychologists, in terms of mental health, but... the big fear for most, even me, is that if I start revealing my past, what's gonna happen to me? We're pretty insecure about going that way. (P02)

Moreover, two participants explained that these fears are fed by perceptions that services and the judicial system lack impartiality and favour women:

Let's say a woman, she goes to use those services to protect herself, at the level of the judicial system, at the level of youth protection, whereas the man, he'll see that as a threat to himself [...]. [Indigenous men] are afraid that no one will believe them [...]. [Judges] will trust the woman right away, and condemn the man. (P08)

According to one participant, men may also fear judicial consequences not only for themselves, but also for their aggressors if they were to recount aggressions they had suffered at the hands of others: 'they don't have the right to talk, they don't have the right to say what they experienced, because they're afraid of mentioning names, because they love the people who hurt them' (P14).

Yet another source of men's apprehension towards using services is the fear that their children may be placed in youth protection if they relate their problems while speaking with service workers:

In the dominant society, we can see that it's most often the mother who is responsible for the children, who most of the time will get sole custody of the children. Me, as an Indigenous father, with different realities and differences in culture, taking into account some lacks of knowledge for a person like me or for a

² In the 19th and 20th centuries, the Canadian government operated a network of residential schools for Indigenous children which were notorious for abuse and forbade expressions of Indigenous culture.

person... of my culture [...] you're hesitant to seek out services to improve my role as a parent [...] through fear of being reported or that the health professional thinks that I'm not fit to be a parent, when, at the start, I'm just coming to look for help to be a better parent. (P15)

Finally, fears related to confidentiality may also place limits on Anicinapek men's help-seeking and may be further exacerbated in the course of using services at community Health Centres, since the professionals delivering services are frequently one's acquaintances or relatives (P04, P08, P14).

Facilitators of help-seeking

The majority of participants who are at ease with seeking help and using health and social services also have a good level of knowledge about available services, their functioning and the professionals who deliver them: 'When I consult [at] the hospital, I don't have a problem. I speak French well, I know the customer service, what happens when you ask for help and who gives the service. I'm already pretty well informed on that' (P06). In contrast, however, another participant explained how lack of knowledge about how the services work can complicate their utilisation:

I had a complication with [my service request], because [the social worker] gave me some numbers on a card, and then I called all around, and it was like: I was calling, but then I didn't know where my call was being transferred. I didn't push the thing further. I called the health centre here and that answered my needs pretty quickly. That's why I'm saying that outside [of the community] it's a bit more difficult, because I didn't know them. (P15)

According to participants, it is the responsibility of organisations, in particular the community Health Centres, to inform men about existing services and their readiness to welcome them: 'you have to make people understand that they're there: "Hey! The day that you're going to need us, we're here. We're here for that service"' (P14). Several participants suggested ways to better advertise the services on offer, in particular with a 'informative magnet' (P06) or a 'notice board' (P07). Another participant mentioned having found out about services available in his community from a social worker at the neighbouring town's secondary school: 'I didn't know there were services offered at our health centre. So it was [the social worker] who informed me' (P15).

Relational proximity with those delivering services – 'knowing everyone [offering services at the health centre]' (P09, P10) and 'knowing many people [offering services in a nearby town]' (P10, P13) – was also cited as a facilitator of help-seeking. For one participant, having the opportunity to meet health centre personnel in his community, during community gatherings for example, facilitated subsequent utilisation of services: 'the aspect of knowing the person who is on duty, that makes a big difference. I think that the medical secretary we had, you could run into her at

community events' (P15). The same participant underscored the importance of disseminating information about Health Centre professionals and their competencies for working with Indigenous clientele:

When you have personnel turnover [...] the concern is more centred on: do these people coming in have the right kind of training, the right kind of knowledge? Not only at the professional level, but in terms of the social issues we have here. How to serve a member adequately, while taking their realities into account? Is that something that they are able to do? [You have to] reassure a member who might potentially want to search for a service here that the employee who will serve them is aware of those issues, [...] that each employee has to follow training on Indigenous realities and culture. (P15)

Many of the participants spoke about *outreach* initiatives that engage men as another facilitator of help-seeking. One participant, for example, mentioned that it is necessary to 'reach out to people [and] sit with them, have a coffee, talk [about services]. That's how I found out about this programme, because [...] those who work in the services, they go to meet people at their homes' (P14).

A father whose children were receiving youth protection services added that if social services would reach out to fathers, 'they would become engaged a lot [more]' (P05). As well, in discussing a period of personal crisis, another man mentioned that he would have liked to be approached first: 'I would have needed someone to tell me that it was going to be ok. That if you need help...' (P14).

Many of the participants expressed recommendations for ways to make services more accessible to men who eschew services or who feel that existing services do not have a place for them (e.g., last-resort assistance applicants, men with addiction problems, criminalised men). Their suggestions included non-directive approaches adhering to non-interference principles. Such approaches have the advantage of respecting Anacinapek men's right to self-determination and thus their right to decide whether or not to use a given service: '[a social services worker] couldn't go see a guy and say: "Come with me, I'll change you." It's your own decision, if you're going to take that road' (P07).

Another participant (P18) spoke of drawbacks to the application of non-interference principles, since in his view, in speaking of fathers whose behaviour is detrimental to their children's wellbeing: 'it takes something to wake them up'. Thus the principle of non-interference may delay the coming to awareness that triggers help-seeking.

Furthermore, participants identified a number of strengths underpinning their help-seeking. These included courage, the capacity to express emotions, and self-reliance. For one participant, seeking help involved disclosing that he had been both a victim and an aggressor, a decision that required courage:

It wasn't easy for me to go and get help. It was very tough. Very tough to talk about [myself]. Very tough to talk about aggressions that I had and that I did. [...] I wanted so much to get better, so much that I was doing everything I could to get better. [...] Because I wasn't moving forward with fear. So when I started to get up the courage, that's when I started moving forward. It's with courage that I'm going to advance, because when you accept things, it leads you to recovery. (P04)

Multiple participants also described attitudes and behaviours indicative of self-reliance in their choices. A number of them stated that establishing contact with health and social services was their own initiative: 'I was the one who went to look for it. The service can't come to the house. It's us [men] that have to go see the service' (P04). Another participant mentioned men's initiative in help-seeking in the context of gender roles. In his view, it would be inappropriate if the initiative to seek help came from a man's spouse, whether directly (by contact with services) or indirectly (by encouraging the man to seek help). In this participant's opinion, it behoves men to become aware of their own need for help and to be responsible for their healing, otherwise the process cannot bear fruit (P15).

Moreover, participants testified to acting with initiative and autonomy throughout the steps necessary to access services:

I get information about the services that might be offered. I get in touch with the nurses if I need whichever service, I get the information and the contact information. [...] I go get information elsewhere too. In [the regional city of] Val-d'Or, for example, I get information at the CLSC [health and social services centre], or things like that. [...] Sometimes I prefer to go there in person, to get a good idea of what they offer. I talk with the receptionists, I get information (P12).

Another facilitator of access to services emerging from the interviews was possessing the means to exercise one's self-reliance, such as work conditions allowing for a flexible schedule (P06) or owning a vehicle (P10, P03). According to one participant, having financial means allowed him to access a broader range of services and receive them within shorter timeframes by turning to private providers:

I pay for them myself, because otherwise I wouldn't get them [psychological services]. It's a lot longer. [...] With the dentist, there are things I pay for myself because it's too long. [...] People get really discouraged by that. I have the means (P13).

A strength identified by many participants as a facilitator of help-seeking was the capacity to express emotions. Among the men interviewed within the scope of the present study, a majority of those who regularly use services have developed a capacity for expressing emotions. As one participant stated: 'Me, by getting things off my chest, what I had accumulated, I talk about it, I talk about it, about what I'm going through, about what I'm feeling. So me, it's a lot for that that I use the services' (P09). Another participant explained how openness facilitates

utilisation of services: 'When I started to open my heart, it got easier for me, getting help. [...] If we start to open our hearts, things are going to be ok. That's how we can open ourselves to the services' (P04).

For yet another participant, humility acted as a help-seeking facilitator: 'The power of humility, sharing, that's what for me helps a lot. [...] Because [being] humble for me means: "Ok, I need help"' (P04).

Discussion

The research described in the present article aimed to identify factors favouring Anicinapek men's help-seeking from health and social services by considering personal factors and service characteristics. Adopting a salutogenic perspective, the study discerned a number of strengths underpinning men's use of services and facilitating their help-seeking, including: courage, self-reliance, self-determination, and the capacity to relate experiences and emotions. For example, participants spoke of the courage they had needed in order to overcome the various fears they associated with services. While a number of previous studies have cited feelings of shame and fear as constituting barriers to help-seeking (Adams, 2013; Isaacs et al., 2012; Alice et al., 2022), it is far more difficult to locate mentions of the courage required to take action and seek help. This is very likely due to the tendency of studies addressing help-seeking among Indigenous men to focus on the barriers rather than the facilitators of help-seeking. It is therefore noteworthy that a recent current in the study of masculinities, which focuses on strengths that derive from adherence to dominant masculine values and facilitate men's use of services, has identified the courage to overcome fears as one of those strengths (Fandie & Naudé, 2019; Mahalik & Danjirmanjan, 2019).

Self-reliance featured prominently for participants as a facilitating factor of help-seeking, manifesting in their capacity to initiate, navigate and complete the steps necessary to receive services. Obtaining similar results, Brouillette (2022) observed that the desire for self-reliance could incite non-Indigenous men to formulate requests for help independently. The majority of participants in the present study reported that self-reliance facilitated their utilisation of services. Yet the desire for self-reliance – magnified in some forms of masculinity – has frequently been identified as a barrier to help-seeking, since it may cause men to attempt resolving their difficulties alone and without assistance (Roy et al., 2014). In the present study, self-reliance as a barrier to help-seeking appeared as a factor for men who avoid using services or use them only occasionally, as well as in the past behaviours of some participants, prior to their familiarisation with and regular use of services. In fact, participants identified various elements facilitating the emergence of self-reliance in a form favourable to men's use of services, notably relational proximity with service providers, as well as the dissemination of practical information on the functioning of services and the actions necessary to access them.

An element mentioned only infrequently by Anicinapek men participating in the present study was the role of spouses in their decisions to use health or social services. Multiple studies, however, have highlighted the prominent role of female partners as initiators of help-seeking and as intermediaries between men and service providers in non-Indigenous populations (Blais & Renshaw, 2013; Roy et al., 2014; Montiel et al., 2022). For one participant in the present study, such involvement on the part of a spouse in a man's help-seeking trajectory would be incompatible with his perception of gender roles within Anicinapek culture. Instead,

participants' discourses highlighted the modelling role played by men engaged in healing processes in encouraging other men in the community to also use services. This suggests that it is the influence of male connections, rather than female partners, that plays a decisive role in Anicinapek men's help-seeking. Within the salutogenic perspective, male solidarity thus emerges as a strength that can be leveraged to improve men's access to services. This finding parallels those of Bulman and Hayes (2011), who noted the significant role of peers and elders in the development of behaviours favourable to health among Indigenous men. It appears, therefore, that one efficient and culturally relevant method of favouring Anicinapek men's use of health and social services would be to create occasions for socialisation and exchange among Indigenous men around issues of health and wellbeing.

Information outreach was another facilitating factor of help-seeking cited by participants. In relation specifically to raising awareness about the need to use services before the onset of crises, participants mentioned the usefulness of preventive initiatives implemented by their communities' Health Centres, such as evening information sessions addressing specific issues. Isaacs et al. (2013), for their part, have identified the need to improve Indigenous men's health literacy in order to better equip them to recognise their healthcare needs and raise their awareness of the benefits of annual health checkups.

Many participants testified to close links between their experiences with health and social services and their propensity to use them again (*first-time users*), citing a variety of benefits resulting from their initial use of services. Such benefits emerging from interviews with

participating men included: 1) developing a capacity to communicate their problems and to express their emotions; 2) acquiring better knowledge about existing services and thus better identifying services appropriate for their needs; 3) acquainting themselves with service point personnel and developing relational proximity with them; and 4) developing greater familiarity with the functioning of services, thus also greater self-reliance in help-seeking and greater tolerance to difficulties encountered in navigating services. It appears, therefore, that particular effort should be expended to facilitate utilisation of services among first-time users, who are less at ease with services and more susceptible to potential difficulties in accessing them. For example, requests for services by first-time applicants could be prioritised in order to ensure adequate and prompt responses, even when these applicants would not be considered priority cases based on other criteria.

Participants who seemed at ease with using services were also familiar with the service offer and the personnel on duty in their communities' Health Centres. A finding of the present study is that familiarity and relational proximity facilitate access to services. However, as Bulman and Hayes (2011) justly observed, this situation engenders a vicious circle, since men who do not use services do not have the opportunity to develop the relational proximity that may facilitate subsequent service use. One example of measures that may counter this dynamic and favour help-seeking are community events creating opportunities for men to meet Health Centre employees. Moreover, a study of Indigenous men's access to mental health services, carried out by Isaacs et al. (2013), reported similar needs in terms of information outreach and suggests organising service point visits for groups of men so that they may familiarise themselves with service facilities and staff. Both Hughes (2004) and Isaacs et al. (2012) consider that offering opportunities for indigenous men to meet service providers can mitigate feelings of mistrust towards services.

Participants also suggested that strategies should be implemented to reach out to men in order to inform them about available services and invite them to participate in targeted programmes, rather than expecting men in need to reach out to services. Elsewhere, young Indigenous men participating in a study conducted by Smith et al. (2020) reported appreciating services offered in their environment, whether in school, in sports clubs or in community centres. Prehn (2019), for his part, advocates for the development of 'men's shed' programmes, which aim to offer Indigenous men a safe space for socialisation and awareness-raising activities. Such approaches can allow men to circumvent obstacles posed by some of the adverse effects of male socialisation, by offering them the possibility to access services without having to make a formal request for help, since outreach workers facilitating these programs can act as intermediaries (Roy et al., 2009).

Participants also insisted that outreach efforts aimed at Anicinapek men must be sustained and persistent even when they appear ineffectual, since creating bonds of trust takes time. Multiple authors argue along parallel lines, maintaining that health and wellbeing programmes specifically targeting men and fathers in Indigenous communities must be continuous, notwithstanding participation rates (Canuto et al., 2019; Prehn, 2019). According to participants, however, such outreach work must nevertheless respect the principle of non-interference, that is to say, it must deliver information without pressing the use of services.

According to Wark et al. (2019), a range of indirect and non-intrusive practices, such as humour and counselling or testimonial storytelling by guest participants, can exert a positive influence in

people's lives while respecting the principle of non-interference. Such approaches could certainly prove useful if integrated into outreach initiatives directed towards Anicinapek men. Some participants, however, questioned the applicable limits of the principle of non-interference, noting that, in some cases, pressure exerted on men can be beneficial in prompting an 'awakening' and an awareness of a need for help. As well, as a number of authors have noted, court-ordered help is sometimes the circumstance of men's first contact with services, which can thereafter lead to a sustained engagement with a healing process (Baskin, 2009; Reeves & Stewart, 2017; Tremblay & Ellington, 2022).

Limitations

Being exploratory, the present qualitative study presents certain limitations. One of them was the number of participants (N=15). However, the internal diversity of the sample allowed for an exploration of the perceptions of men distinguished on the basis of age, degree of familiarity with services and the types of services to which they had recourse. Another limitation was the absence of any Indigenous researchers in the research team, although this limitation was mitigated by the validation of results with members of participating communities. In addition, since the study focused on giving voice to men who are users of services, perspectives such as those of service managers and workers were not explored, with the exception of those participants who were both service users and service workers.

Conclusion

The present article aimed to identify factors facilitating help-seeking among Anicinapek men living on Indian reserves. The study's original contribution is its adoption of a salutogenic approach focusing on the strengths, rather than the limitations, affecting Indigenous men's help-seeking. This approach allowed for the identification of a range of facilitators of help-seeking for this population. One of these was the men's search for wellbeing, not only their own, but also that of their families and communities, which gives them the courage to use services despite the perception of risk associated with that use. Moreover, self-awareness and awareness of available services emerged as factors favouring the initiation of help-seeking through the recognition of the need for help. Since these qualities become reinforced with service use, they pertain to men already familiar with the use of services. Efforts should therefore be deployed to encourage participation by men who are less familiar with services. Effective approaches should reach out to men, rather than waiting for them to reach out to services, and create opportunities for men to meet service workers. Among the strengths demonstrated by Anicinapek men is their desire to make a difference in the lives of men in their community. Giving visibility to their engagement and personal development can be valuable in influencing other men to follow their example. This represents a culturally appropriate approach, since it respects the principle of non-interference by proposing, rather than imposing. Self-reliance emerged as a significant strength and facilitator in the testimonies of men using health and social services; simplifying various procedures of access to services and improving information sharing can serve to further strengthen this sense of self-reliance. Although lack of confidence in services may result from negative personal experience, many participants established a direct link between their mistrust and broader colonial history that reaches beyond the health and social sector. It is therefore Indigenous men's relationship with institutions more broadly that must be reexamined in order to deconstruct that mistrust, notably through the resolution of sensitive issues that go to the heart of Indigenous identity, such as land and language claims (Davy et al., 2016; Adams et al., 2019 ; Horrill et al., 2019).