

Knowledge Synthesis: COVID-19 in Mental Health and Substance Use

Instructions:

The [Operating Grant: Knowledge Synthesis: COVID-19 in Mental Health and Substance Use](#) was designed to enable the development of rapid and timely knowledge syntheses and related knowledge mobilization plans to address evidence gaps and build the evidence base as part of the mental health and substance use response to COVID-19.

As outlined in the decision letters sent to successful applicants, this template is being provided in order to facilitate the rapid sharing of results with relevant [knowledge users](#). Information recorded in this report may be made available to policy makers, healthcare and service providers, partners, and the general public, and will be used to populate a website and inform a variety of CIHR knowledge mobilization products. Responses should be written in plain language, respecting word limits where indicated.

Email completed report to COVID19MH-COVID19SM@cihr-irsc.gc.ca by **November 23, 2020**.

Synthesis Title: Pandemic experiences and impacts of COVID-19 on the mental health of Indigenous communities

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Target/priority population(s) in synthesis:

- Indigenous peoples living in BC in the COVID-19 context more generally, and more specifically, Indigenous peoples living in more remote regions of the Pacific Northwest Coast.

What is the issue?

Our objective to contextualize the current evidence base on MHSU service needs, delivery, and related guidelines, practices and issues within the COVID-19 pandemic so as to provide decision makers with high quality, timely, accessible, and relevant evidence in a short period of time.

Key messages (max 100 words):

- **Indigenous health research worldwide documents common vectors of illness transmission: underfunded and understaffed health services; lack of core funding for mental health; overcrowded and inadequate housing; boil water advisories; the disproportionate rates of suicides; as well as the**

stressful experience of living with food, housing, and income insecurities. These social conditions existed pre-COVID-19 and shape the context of Indigenous pandemic experiences.

- *Hinderances to Indigenous MHSU service access include cultural and communication barriers, perceptions of discrimination, mental illness stigma and the use of unprofessional sources of care, transport/distance, long waiting times, cost and dislike of services, and lack of Indigenous staff.*

How was the synthesis conducted?

We conducted a scoping review of databases including: Academic Search Premier Bibliography of Native North America; CINAHL; Criminal Justice Abstracts; ERIC; Global Health; Medline via EBSCO; APA Psycharticles; PschINFO; Women's Studies International; Academic Search Premier Ultimate; Native Health Database; and Medline Complete using several Boolean operator configurations of the following keywords: Aboriginal, First Nations Indigenous, Indians of North America, mental health, counselling, harm reduction, Post-traumatic stress disorder, substance use, misuse, drug or alcohol, suicide, culturally responsive service, culturally safe, First Nations Health Authority, Canadian Mental Health Association over the time period June 7 to June 19, 2020. The number of results was systematically tracked for inclusion and exclusion criterion, and this aspect of our method is now reported in the revised KT document.

What did the synthesis find? Provide a lay summary of the outcomes (max 300 words):

While prevalence rates of MHSU illness in IP are very similar to the general population, colonialism and historic mistreatment of Indigenous peoples (IP) significantly contribute to distrust of health care systems. This is evident in existing literature focussed on Indigenous peoples and MHSU services where obstacles to service include: fear of Children and Family services involvement; lack of childcare services; fear of institutionalized settings; cultural and communication barriers as well as lack of recognition and understanding of the diversity of Indigenous peoples; perceptions of discrimination; stigma of mental illness; the use of unprofessional sources of care; transport/distance; long waiting times; cost and dislike of services; and lack of Indigenous staff. Multiple and intersecting social inequalities are the primary culprit for most health issues (physical and mental) in Indigenous communities. Moreover, informal family and friendship networks absorb the lack of safe and accessible health care services.

Studies examining the unmet mental health needs of IP are not carried out to the same extent that they have been in the general population. More information about treatment drop out is needed to assess barriers to MHSU health services for IP, as well as information about IP use of health services within specific service preferences and service contexts. Gendered pandemic experiences are poorly represented in the professional and academic literature, but social media and front-line workers are sounding the alarm on increased service uses of shelters and kids helplines. A common thread throughout this synthesis are the diverse ways systemic racism has presence in the MHSU knowledge base.

Methodological issues and time constraints limited the power and effectiveness of our scoping methodology, representing the growth edge of this project.

What are the implications of this synthesis?

- IP MHSU issues contexts are the same during the pandemic as they were before, built upon lower social determinants of health and disparities in health research and service
- The pandemic context has created a rapid shift to telehealth MHSU services that there is a very small evidence base to guide this transition
- Greater attention to scoping methodology needs to be paid to gendered MHSU pandemic experiences

- There are lessons to shape our present-day healthcare responses to the pandemic in previous literatures on SARS, H1N1, and TB
- Remote communities have diverse challenges around service and access that are poorly served by the research base and Indigenous MHSU health responses are best informed by local knowledge.

List up to 10 keywords specific to this synthesis to facilitate website search filters and sorting:

(e.g. depression, virtual care, autism, opioids, racism, chronic pain, sleep, etc.)

- Social determinants of health
- Indigenous mental health and substance misuse
- Telehealth
- Pandemic experiences
- Cultural safety