

## 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](mailto:COVID19MH-COVID19SM@cihr-irsc.gc.ca) by **June 22, 2020**.

### Synthesis Title:

Niikaniganaw (All My Relations) II – the COVID-19 Rapid Response: Indigenous approaches to synthesizing knowledge for culturally-safe and stigma free mental health care for under-served Indigenous communities in Ottawa-Gatineau

### Nominated Principal Applicant (name and affiliation):

Laperrière, Hélène (School of Nursing, University of Ottawa)

### Authors (names and affiliations):

Our team is formally led by **Dr. Hélène Laperrière** (PA, UOttawa), a bilingual scholar who brings an expertise in HIV/AIDS community-based research, with a specific interest in the role of civil society and participatory evaluation. **Traditional Knowledge Carrier Christina Bendevis** (PKU), excels at creating a safe, non-judgemental and welcoming space for all who wish to participate in ceremony. She also brings her vision of stigma-free mental health services for Indigenous people. This leadership team is supported by, **five Indigenous Knowledge Carriers and Traditional Helpers** (Sharp Dopler, Ross Saunders, Francine Desjardins, Neal Shannacappo, Michele Penney), who share a commitment to harm reduction, to gender inclusivity, and to providing ceremony for those who need it most, i.e., those with the least access to ceremony such as 2SLGBTQ, those who use substances, and those who have been disconnected from their culture for a variety of reasons. **Mike Laframboise** brings his Indigenous living experience of HIV and intersecting stigmas including culturally unsafe health and social services. **Seven community partners** (AIDS Committee of Ottawa, Drug Users Action League, Ottawa Inner City Health, Le Bras, ADOO, and Public Health Agency of Canada COVID-19 Quarantine Department) Ottawa Public Health representing frontline service organizations who serve the Indigenous community, will ensure that we are grounded in local community concern and are well-positioned to ‘take up’ the knowledge we share with each other to create immediate and lasting social change. Researchers (**Dr.**

**Leah Layman-Pleet, Dre. Marie-Hélène Chomienne)** from two academic departments (Psychiatry, Medicine), nursing professionals (**Karina Pelletier**) and trainees (**Rana Annous, Ines Zombre**) ensure that our research can continue to build capacity for culturally-safe care in Ottawa-Gatineau.

**For more information, please contact:**

Laperrière, H. School of Nursing, University of Ottawa ([Helene.laperriere@uottawa.ca](mailto:Helene.laperriere@uottawa.ca))

**Target/priority population(s) in synthesis:**

- Indigenous community members in Ottawa-Gatineau, who are living with or affected by HIV or related issues, such as substance use, mental illness, poverty or homelessness
- Health and Social services providers as well as graduate and post-graduates' educators in the discipline of nursing, medicine, psychiatry

**What is the issue?**

With *Niikaniganaw II-the COVID-19 rapid response*, we face the unanticipated situation of COVID-19 pandemic. Our team inevitably confronts new preoccupations: How is COVID-19 affecting the mental health of Indigenous community members in Ottawa-Gatineau who are living with or affected by HIV or related issues, such as substance use, mental illness, poverty, or homelessness? How are they receiving / adapting to the standard public health messaging? What is the effect of COVID-19 on the mental health of health and social service providers who serve these communities? What does culturally-safe and stigma free care in health and social services look like in the age of COVID-19, and by extension, future pandemics or remote / isolated environments? How can we develop capacity for culturally-safe and stigma free mental health care for under-served Indigenous communities in Ottawa-Gatineau in the context of COVID-19?

**Key messages (max 100 words):**

- We are pursuing integrated indigenous knowledge translation (iKT).
- Participants 'learn by doing'.
- Participants learn by observing and watching the way that the Niikaniganaw team creates and emulates a stigma free and culturally safe environment for Indigenous people facing challenges on their mental health, substance uses, harm reduction practices, homelessness, life with HIV/AIDS or other situations exacerbated by COVID-19.
- Indigenous people with lived experience are integral to this process in all team activities. This provides an unparalleled opportunity to break down barriers and misconceptions between service providers, knowledge carriers, researchers, and students.

**How was the synthesis conducted?**

Based on *Niikaniganaw I and II*, activities for this 6-months project fall into three inter-related categories: **(1)** We create meetings/ceremonies (2 for the first month, once a month/5 months) in virtual Indigenous spaces, co-facilitated by researchers and Knowledge Carriers. Each of these meetings integrate ceremony and culture with qualitative and quantitative data collection, as well as opportunities

to reflect on the living experience with COVID-19 pandemic situation. **(2)** We document and implement the innovative ways of providing ceremonies at-distance and online for Indigenous people and stakeholders, using qualitative research approach including a series of Indigenous graphic novel-style images. **(3)** Simultaneously, we do a literature review on cultural-safety, indigenous health and COVID-19 and **(4)** We activate new social media tools with our Niikaniganaw website platforms to outreach and interconnect the Indigenous communities as well as social and health care providers, academics, students, partners as a kind of “virtual culturally-safe care” community.

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

Building on our strong network and the experience from Niikaniganaw I and II, we adapt the Niikaniganaw model to the COVID-19 context, and offer ‘virtual’ sharing circles and ceremonies to answer these questions (one question per sharing circle virtual ceremony/from June to October 2020). To this end, we have six Indigenous Knowledge Carriers and Traditional Helpers on our team who share their knowledge and ensure that we are grounded in culture, ceremony, and Indigenous ways of knowing. We also have seven Indigenous team members with lived or living experience of HIV, substance use, mental health concerns, street involvement, incarceration, or who are 2SLGBTQ, who share their experiences of accessing health and social services, identifying mental health and substance use issues that might be exacerbated by COVID-19 (e.g. prolonged periods of social isolation, decreased access to critical services such as counselling, chronic health conditions, anxiety and uncertainty about the future, and also stigmatization and culturally unsafe experiences with public health surveillance activities). Specifically, we offer virtual sharing circles / ceremonies for Indigenous community members and Niikaniganaw partners. These sharing circles are co-facilitated by researchers and Indigenous Knowledge Carriers. Consistent with the Niikaniganaw approach, we also evaluate the challenges and opportunities of providing virtual sharing circles and ceremonies as a way to address the needs of underserved Indigenous people in Ottawa-Gatineau, including IPHAs, people who use substances or who struggle with mental health. Those Indigenous approaches of knowledge synthesis encompasses a variety of sources, a timely mobilization of knowledge and an exchange of practical information within a number of multisectoral stakeholders in real-life during the pandemic.

**What are the implications of this synthesis?**

Consistent with the Indigenous Peoples’ Health Research Centre’s (IPHRC) approach to knowledge translation (Kaplan-Myrth & Smylie, 2006), our plan integrates a multifaceted and interactive strategy to link our findings to action (Masching, Allard & Prentice, 2006). The anticipated outcomes are: **(1)** increased awareness and understanding of Indigenous worldviews *and* issues related to mental health concerns associated to COVID-19 for IPHAs among team members and our expanded networks; **(2)** increased capacity to provide culturally-safe and stigma free mental health care for under-served Indigenous communities in Ottawa-Gatineau; **(3)** a stronger, larger, more educated community of stakeholders who are engaged in delivering culturally-safe and stigma free services to Indigenous people living with or affected by HIV and intersecting issues (such as substance use, mental health, and gender) in Ottawa-Gatineau; **(4)** an innovative ‘virtual’ cultural-safety intervention model that has been collaboratively developed and assessed with a variety of groups and is ready for scale-up across Canada to a rapid response to COVID-19 issues in Indigenous communities; **(5)** a visual and written

document, including a series of graphic novel-style images. (see Neal Shannacappo); and **(6)** an up-to-date academic literature review on the issues of culturally-safe and stigma free mental health for Indigenous communities faced by COVID-19.

**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.)

- Indigenous health
- Mental health
- Homelessness
- Virtual culturally-safe care
- Cultural-safe and stigma-free mental health
- HIV/AIDS
- Indigenous research methodologies