VOICES FROM THE FIELD

Welcome to Voices from the Field, a podcast produced by the National Collaborating Centre for Indigenous Health (NCCIH). NCCIH focuses on innovative research and community-based initiatives promoting the health and well-being of First Nation, Inuit and Métis peoples in Canada.

EPISODE 10

Supporting First Nations, Inuit and Métis Peoples' Mental Health and Well-being during COVID-19

This episode of Voices from the Field is based on a conversation of the COVID-19 pandemic with clinical psychologist Dr. Chris Mushquash. His discussion focusses on some of the mental health stresses that may affect First Nations, Inuit and Métis peoples as a result of the pandemic and guidelines around physical distancing. Dr. Mushquash also offers up practices to support the mental health and well-being of First Nations, Inuit and Métis peoples, their families and communities during this public health emergency.

BIO

Dr. Christopher Mushquash, Ph.D., C.Psych., is a Canada Research Chair in Indigenous Mental Health and Addiction, and an Associate Professor in the Department of Psychology at Lakehead University and the Division of Human Sciences at the Northern Ontario School of Medicine. He is the Director of the Centre for Rural and Northern Health Research at Lakehead University. He is also Interim Executive Vice President Research at the Thunder Bay Regional Health Sciences Centre and Chief Scientist at the Thunder Bay Regional Health Research Institute. In addition to his academic appointments, Dr. Mushquash is a registered clinical psychologist providing assessment, intervention, and consultation services for First Nations children, adolescents, and adults at Dilico Anishinabek Family Care. Dr. Mushquash is the recipient of numerous awards for his work, including the Canadian Psychological Association President's New Researcher Award, Lakehead University Outstanding Alumni Award, the Northwestern Ontario Visionary Award, the Ontario Ministry of Research, Innovation and Science Early Researcher Award, and the Clinical Psychological Association Clinical Section Scientist-Practitioner Early Career Award. In 2017, Dr. Mushquash was inducted in the Royal Society of Canada's College of New Scholars, Artists and Scientists. He is currently the vice-chair of the Institute Advisory Board for the Canadian Institutes of Health Research, Institute of Indigenous Peoples' Health. He is a board member of the Ontario Psychological Association and the Canada Foundation for Innovation. Dr. Mushquash is Ojibway and a member of Pays Plat First Nation.

TRANSCRIPT

Rick Harp - Professor Mushquash, what kinds of mental health stresses might Indigenous Peoples be feeling as a result of the pandemic?

Dr. Mushquash - It's a good question. I think one of the things that is going to be important to think about and talk about during the pandemic is not only what experiences might be shared but what experiences might be individual as well. We know that different people have different responses to challenging situations across

a number of functions whether that's someone's internal capacity for resilience or someone's social connectivity with supports around them. But I think, in general, the stresses that many are going to feel as a result of the pandemic are going to be things that are amplified by many of the feelings that our communities already experience as a consequence of isolation or a lack of access to services etc. I think when in conversation with communities now, a lot of the concerns revolve around those same challenges that we experience a lot of the time, you know limitations with respect to housing, substance use issues, trauma, other mental health issues, the lack of adequate health facilities and or clean drinking water etc. You know those things are sort of the realities in many of our communities and I think they become amplified in a situation such as COVID-19. In some communities where there are limitations with respect to clean water into the home, you know frequent hand washing becomes very, very difficult in that case doesn't it? There are those social limitations of physical distancing that become difficult. You know, housing that a lot of repair is needed or many people living in a single dwelling family home, you know, makes it difficult to be social distanced. In that case, what we have do is to look at it by a community to community, even a family by family or household by household way, and look at those physical distancing recommendations and figure out how do we contextualize these for our realities. I think the social determinants are something that we contend with in our communities on a daily basis and they do get amplified again in situations like this where there are specific recommendations that are put in place that might make it difficult to engage in, just given the realities and some of the infrastructure needs that we have.

However, you know one thing I've noted is that a lot of communities across the country have really been ahead of the curve with respect to practicing physical distancing and putting in place processes in the community to limit travel in and out and to protect those who are most vulnerable. I am optimistic about that that. In one way, the same isolation that is often seen for us as a challenge when it comes to adequate services and care in this case may be even a bit of a strength in that it gives us a bit of a buffer and a little more control in terms of trying to contain spread when it comes to something like COVID-19.

Rick Harp - Professor Mashquash, can you speak more to the differential effects that COVID-19 may have among various Indigenous populations?

Professor Mushquash - Again, that's a complex question and where I'd like to start first is what are the things that everyone is going to experience together because I think at times like when a pandemic occurs, there really are aspects of response that require that we come together as a community, regardless of individual level differences. That said, you know when it comes to that shared experience there is always within that challenges that are differential across the range. So we know, for example, older people or people who are immuno-compromised or suffering co-morbid conditions seem to be at higher risk of complications in relation to COVID, so that's a group that is going to experience things differently for sure and is going to be among each of those groups – First Nations, Inuit and Métis – and the entire lifespan, as well gender. Often times people from groups that experience more marginalization, when a situation arises that necessitates physical distancing or say the inability to gather with social support groups, that can be a further isolating situation, so you know members of the LGBTQ2S group could be experiencing particular challenges when it comes to activating their social support, the groups around them. The big piece is in understanding how people will experience this together and then looking to see how others will experience this who belong to a specific group. One area where we are particularly concerned of course in our communities is with respect to people who are experiencing mental health difficulties or substance use difficulties; in particular, if people begin experiencing disruptions in their usual medical care or in their usual mental health care, you know, which could escalate of course, you know difficulties within the home but then need to be supported. So overall, the picture is one that requires a lot of thought from people in all levels within the community, but as well partners and partner organizations in the province and the federal government, to ensure that we are wrapping around people as each of their needs would require.

Rick Harp - Dr. Mushquash, when it comes to the mental health and well-being of First Nations, Inuit and Métis peoples, are there particular resources or practices to support their mental health, especially given physical distancing?

Dr. Mushquash - One of the things that I talk about a lot is in bringing in lessons that we know from our culture, lessons that we know from the bush, we bring those back in our house, in our homes. In particular at a time like this, it becomes important to try our very, very best to maintain the types of structures and the types of purpose that being out provides for us, right? In the same ways as we would, you know, engage in daily activities that promote accomplishment and achievement etc. we would be doing that, you know, trying to continue to do that in our homes. We would be ensuring that we are getting enough physical activity, making sure that we are sleeping as well as we can, making sure that we are eating as well as we can, and really trying to do those things in a structured way. On the flip side, recognizing of course that now things are so disrupted in that our typical ways of doing that within our families and within our communities is being disrupted. Also, having some compassion for ourselves and compassion for our families and compassion for people in our communities, so one of the things you see right now are people engaging in a couple of different approaches to trying to manage the stress associated with COVID. On the one hand you have people who seem to be buying up resources or overstocking themselves in ways that are destructive to other people. So you have, for example, you see that there's say like toilet paper shortages and shortages of other necessary supplies, recognizing that that's a response to a stressful and unpredictable situation that actually is sort of fear anxiety based for sure. On the flip side, you know there are people who are having difficulty internalizing some of the social or some of the physical distance messaging and maybe being a little more relaxed in terms of approach, on the other side. It's easy to become frustrated with people whether family members, community members or friends etc. Recognizing that those are relatively typical responses to things that are stressful, things that are unpredictable. So psychologically then, what people require is that compassion, that warmth, that validation to say, "Hey, you know I know this is the response you are having right now. How can I support, how can we help?" There are supports that are of use to think about. One of the things that we know from the research literature on crises is that engaging with too much social media use can actually escalate anxiety when compared to say traditional media sources. That's an important consideration, right? So we really want to make sure that people are not over-consuming social media and getting caught up in, well I guess, in the misinformation and rumour and gossip that can occur in social media. The other thing that we know is that too much media of any kind can affect our wellness as well, so I think it is important to, you know, really pay attention within our communities to information that is reliable, valid and comes from a useful source. Within our own communities, there are a lot of resources and practices that can support mental health and well-being, so when it comes to really making sure that we are paying attention to our emotional regulation and our ability to tolerate stress, engaging in our cultural practices, this is a good time to visit, it's a good time to spend time, if you are in a home with folks, with your family, to really hear their stories, to talk with each other, to laugh, to really look at the context, the situation that we are in, and then the thoughts about how stressful it is and how difficult it is. But then the opposite of that, there is also some opportunity here. There is opportunity to connect in different ways, to spend more time together, to really work hard to build relationships and that. So I think, you know, I think a lot of communities have those types of natural supports built in as well. At the community level, obviously Chief and Council become important people to be engaged with to really ensure that we're getting information out accurately across our communities, making sure that those who are ought to be physically isolated as possible, so the elderly, those with compromised health systems etc. have the resources to ensure they're able to get groceries, that they are able to get firewood and get the other things that they need to subsist for the next while, while the physical distancing recommendations are in place. There's resources available from organizations and then there are those resources available within our communities, that's our people, that's our culture, that's our practices, that's our relationships and all of that.

Rick Harp - Professor Mushquash, thank you.

Professor Mushquash - Thank you very much.

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