Reasons for the study

The COVID-19 pandemic is causing significant impacts on mental wellness. One of the direst consequences of the COVID-19 pandemic will be its impact on their mental wellness. Numerous warnings have been issued as rates of anxiety, depression, substance use, loneliness, and domestic violence are expected to increase as a direct consequence of social (physical) isolation. Indigenous children are at much higher risk of emotional and mental health issues than their non-Indigenous peers. This population is uniquely vulnerable, will be heavily impacted by COVID-19 restrictions, and lacks access to health supports that most Canadians take for granted. In this context, health leaders must rapidly prepare to manage the emerging emotional health pandemic among Indigenous children.

Goals and Objectives

Our overall goal is to promote children’s emotional wellness in geographically isolated communities (e.g., First Nation reserve lands and Inuit communities in Nunavut Territory), both during and following the COVID-19 pandemic.

Our goal will be achieved through two objectives:

- to synthesize, evaluate, translate and share information on effective emotional health programs;
- to develop positive messaging, for use in Indigenous communities, to promote healthy attitudes towards seeking and receiving emotional health supports.

Progress on Objective 1: To synthesize, evaluate, translate and share information on effective emotional health programs

Our previous work has underscored the importance of programming for children at all levels of need; not just at times of crisis. Through community engagement, we have defined three zones: green (thriving), yellow (coping/surviving) and red (crisis). These zones are the basis for a scoping review of the published and grey literature, to identify what existing tools, best practices and resources could be leveraged to promote Indigenous youth mental wellness at each level of need. We paid careful attention to ensure that options are identified for all levels, so as to enhance stepped care.

Search Strategy:

We searched Google Scholar, the Cochrane Library, PsycNet and PubMed, and the Indigenous Studies Portal from the University of Saskatchewan using the following search queries:

- mental health OR suicide prevention AND indigen* OR aborig* AND you* AND canad*
- "mental health" OR "suicide prevention” AND indigen* OR aborig* AND you* AND canad*
- "mental health" OR “suicide prevention” AND indigen* OR aborig* OR first nations OR inuit OR metis AND program AND youth OR adolescent OR teen* OR child*
We searched the “Aboriginal Ways Tried and True” of the Canadian Best Practices Portal (Public Health Agency of Canada) for programs that matched one or more of the following categories:

- Population > Age 6-12: Children and/or Ages 13-18: Teenagers / Youth
- Intervention focus > Promoting health > Mental Health
- Settings > Community

Finally, whenever we came across reports, reviews or any document that would include a list of programs (e.g.: WISE practices), we looked for more information on any program listed that fit the criteria of inclusion.

We created a set of inclusion criteria to identify programs and strategies that were developed and/or adopted by Indigenous communities in Canada.

**Inclusion Criteria:**

- The program is geared towards Indigenous children and/or youth.
- At least one of the goals of the program is to promote mental health or prevent suicide (e.g., programs that exclusively focus on healthy eating, substance abuse, or violence prevention are excluded).
- The program was developed in or implemented by communities in Canada.

We reviewed all programs and services that met these criteria using a set of evaluation criteria.

**Evaluation criteria:**

- **Relevance:** the program is culturally relevant and has heavy community input. It was developed by communities or in partnership with other organizations, and it has sustained impact and/or engagement in the community.
- **Feasibility:** it has to be realistically possible for rural and remote communities to implement the program. It doesn’t require high-speed internet, specialized technology (e.g., digital tablets), or specialized staff (e.g., psychiatrist).
- **Evidence:** The program has evidence to support its effectiveness (based on reports, evaluations, academic publications, etc.).
- The program is currently active or has been active in the past 5 years.
- Training materials and opportunities are available.
- In-person support is available.

**Insights:**

From the initial review, fifty-two (52) programs fit the inclusion criteria. We found several programs that are geared towards Indigenous youth (First Nations, Inuit and Métis) and some that are specifically tailored to First Nations or Inuit communities, but we have yet to identify programs that focus on Métis youth. We are gathering and summarizing information on programs and the extent to which they fit the evaluation criteria to provide communities with insights on effective strategies and approaches other organizations and communities have implemented. We are also reviewing and compiling additional resource materials, to arm leaders with a variety of program options to expand stepped care.

We reached out to several communities and program staff to provide us with more information about the programs and received few responses. This may be because the programs are inactive or due to the
high demands placed on staff time to respond to more urgent needs of their community members during the pandemic.

**Progress on Objective 2:** To develop positive messaging, for use in Indigenous communities, to promote healthy attitudes towards seeking and receiving emotional health supports

This team is keenly aware that there is significant stigma around mental health among Indigenous children, and this poses a barrier to accepting support. Improving the spectrum of services available will be pointless if stigma continues to prevent children from accessing support. Our team has experience with Indigenous wellness promotion. Over the past decade, we created a tablet-based assessment tool that helps children share their feelings in a safe way, connects at-risk children to local supports, and shares data with community leaders (www.ACHWM.ca). We are building on this body of work.

We are currently working in collaboration with our community partners to understand the critical elements related to stigma in this context, and we reviewed the literature to identify the factors that contribute to stigma. Our preliminary insights point to Indigenous youth experiencing challenges related to mental health literacy (e.g., misunderstanding lead to the spread of misinformation, mental health terms are misused). Furthermore, the tools available to reduce stigma are often not culturally safe (e.g., do not consider the historical context, lack connections to traditional knowledge, coping mechanisms are not feasible or applicable).

We understand that tools and programs should be culturally safe, strength-based, bound in traditional knowledge, community-oriented, realistic and accessible. We are working on a positive messaging initiative that normalizes and prioritizes emotional health, encourages self-care, self-identification of needs, and reduces barriers to accessing supports for Indigenous children. We will draw on the expertise of our team, search the academic and grey literature, and social media, and enlist local experts.