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Executive Lay Summary Report

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: COVID-19 pandemic guidelines for mental health support of racialized women at risk of gender-based violence

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Target/priority population(s) in synthesis:

- Racialized women and girls at risk of gender-based violence during COVID19 pandemic's response and recovery phases
- Individuals and racialized communities facing inequities in the social determinants of mental health, and experiencing related health disparities

What is the issue?

Gender-based violence (GBV) affects 30–60% of women, impacting their mental, physical, and sexual health. Violence against women contributes to high levels of morbidity and mortality. It is associated with life-long

mental health impacts including anxiety disorders, depression, and substance use disorders. Global statistics reveal a dramatic rise in violence against women during the COVID-19 pandemic. Fear, uncertainties, and stressors among the population during the pandemic contribute to anger and aggression against spouses and partners. Worldwide warnings (including Canada) are raised on the increasing domestic violence during the crisis. Growing evidence shows that racialized groups – including Indigenous, Black, Asian, and other ethno/racial minorities - are especially at higher risk of COVID-19 related morbidity and mortality. Taken together, racialized women at risk of GBV are a priority group to focus on for immediate equity-informed mental health support and care during the pandemic.

Our project's overall goal is to advance trauma-informed mental health care for racialized women at risk of GBV during the COVID-19 pandemic's response and recovery phases. We apply an intersectionality lens and an equity informed approach.

Key messages (max 100 words):

- GBV is a public health issue
- Pandemic responses must consider gendered roles and dynamics, and adopt gender-sensitive programming
- Need to gather disaggregated data – including sex, gender, race, age, ethnicity, disability, occupation
- Increase dedicated funding for specialized services
- Strengthen safety nets and expansion of social protections for marginalized groups
- Expand access points to mental health supports
- Apply survivor-centred principles and trauma-centred supports
- Prevent racism and discriminatory practices in service provision
- Build capacity, increase awareness and training for frontline workers
- Expand shelter capacity. Strengthen helplines, online counselling and technology-based solutions. Ensure online supports 24/7.
- Doing no harm is the highest priority

How was the synthesis conducted?

We applied the Cochrane Rapid Reviews method and were guided by an equity lens in conducting rapid reviews on public health issues, following the below 6 steps:

Step 1. Setting the Research Question. We identified the research questions as follow: "What are the racialized and gendered social determinants of health among women with experiences of GBV?"; and "What are the emerging best practice/evidence of effectiveness of services or implementation for equity-informed mental health promotion and health care provision for this population during the current COVID-19 pandemic?*".*

Step 2. Identifying Criteria for considering studies. We included studies on a) women and/ or girls at risk of violence, and b) who were 15 years and older. We also included studies assessing violence against women and girls, and mental health outcomes, interventions, initiatives, during the COVID-19 pandemic.

Step 3. Search methods for identification of studies. Searches were conducted across 4 electronic databases (Cochrane CENTRAL, Medline, ProQuest, and EBSCO). We examined ongoing/unpublished studies through grey literature searching of websites, including electronic news media, Google Scholar, and policy

documents. Search and keyword strategy were developed by research team members and approved by the study Principal Investigator and the health sciences librarian team member.

Step 4. Data collection. We used Excel to record key characteristics of selected studies/articles (e.g. date, study design, participant characteristics).

Step 5. Analysis and Synthesis. Emerging review findings were organized applying a systems approach (including micro, meso, and macro interrelated dimensions. We interpreted the emerging findings applying an intersectionality-informed lens.

Step 6. Applicability and Transferability of Findings. We adapted international guidelines, such as the pyramid of interventions approach (IASC, 2020b), to identify multilevel interventions.

A total of **55 selected sources from a total of 286** search results were examined. The 55 sources consisted of **15 peer-reviewed articles and 40 grey literature sources**.

What did the synthesis find? Provide a lay summary of the outcomes (max 300 words):
The COVID-19 pandemic has exacerbated gender-based violence against women and girls. Social determinants of health factors place racialized women and girls at an increased disadvantage during the pandemic.

Racialized and marginalized women are disproportionately impacted by the negative effects of the pandemic as a result of historic systemic health inequalities. Racialized members of society bear a disproportionate burden of stress, illness and health inequities. The experiences of Indigenous, Black, Asian and other racialized communities highlight the differentiated risks and marginalization they face, *which have been always present, but have become further amplified in the context of the ongoing COVID-19 pandemic*.

Our synthesis identifies the *social determinants of the mental health* of racialized women and girls at risk of GBV during the COVID19 pandemic. Our project has multiple outcomes that knowledge users can utilize to support trauma informed mental health care program planning, delivery, and evaluation during the COVID19 pandemic's response and recovery phase.

Knowledge users can consider our adapted intervention pyramid (IASC, 2020b) for mental health and psychosocial supports in designing, implementing, and monitoring upstream approaches to eliminate GBV. Interventions at the the macro (social considerations in basic services and security), meso (strengthening community and family supports), and the micro level (person-to-person, specialized services) are identified within multiple sectors of intervention.

Using information from our project's tools, decision-makers can assess potential venues to re-direct *funding and programming* to address inequities in the social determinants of mental health and related health disparities.

What are the implications of this synthesis?

Practice and policy must address the structural determinants of the mental health of racialized women at risk of gender-based violence during COVID-19 pandemic.

We present multi-level recommendations and best practices for equity informed mental health promotion and care through. These include individual, psychological and situational (micro); institutional, organizational and agency-based (meso); and structural, systemic (macro) levels. In line with an upstream approach to public mental

health support, we present the recommendations from macro to meso to micro levels. We also recognize the contextual fluidity of the levels and apply an intersectionality informed perspective.

Area	Guidelines
Macro level	
Approaches and Frameworks to Policy Responses	✓ Consider GBV as a public health issue ✓ Integrate gender-responsive programming to COVID-19 responses ✓ Apply critical race, intersectional, human rights, community-based and participatory approaches to emergency health responses and evaluation ✓ Ensure that COVID-19 policy frameworks integrate women's safety approaches into their multisectoral strategic responses ✓ Provide safety principles (e.g. safe mobility measures) for integration in the responses ✓ Prioritize strengths-based models to promote and enhance community, agency, and resourcefulness
Decision-making	✓ Include diversity of voices and perspectives from Indigenous, Black and Asian communities, and other racialized groups, to ensure equity and comprehensive pandemic and post-pandemic responses ✓ Ensure meaningful participation of women and girls, and that of grassroots and community-based organizations, in decision-making processes - plan development, implementation and monitoring, recovery plans, and longer-term solutions to address GBV during and after COVID-19 ✓ Promote women and girls' leadership and representation in national, provincial and local/community level COVID-19 policy spaces
Data Collection	✓ Follow the United Nation guiding principles and recommendations for data collection to ensure women and girls' safety. Principles must be informed by the socio-economic and environmental realities of women and girls. ✓ Produce disaggregate data - race, gender, sex, ethnicity, age, disability, occupation, socioeconomic status, migratory status, geographic location
Funding	✓ Increase dedicated funding for specialized services and supports, including essential social determinants of health - income supports, housing, child-care, food security ✓ Provide additional funding for organizations already serving women and girls experiencing GBV, especially in remote and rural communities, and focused funding for initiatives addressing GBV and empowering women among agencies serving newcomers ✓ Promote substantive equality as a policy objective in government programs and services
Indigenous Communities	✓ Work with Indigenous communities on wellness and emergency COVID-19 responses ✓ Apply a human rights-based approach to COVID-19 plans, with independent oversight and provide additional funding to protect Indigenous people's health and human rights
Migration Policies	✓ Include protective migration policies to suspend forced deportations and grant permanent resident status to immigrants
Social Protections	✓ Strengthen safety nets and expansion of social protections for marginalized groups – income allowance, stimulus packages, housing subsidies, rent eviction moratoriums, childcare funding, reduce wage gaps ✓ Ensure institutional accountability of the institutions and systems that serve Indigenous, Black and other racialized communities
Meso level	

Service Provision	✓	As per the World Health Organization's guidelines, ensure services for women and girls are a priority and considered essential in the context of the COVID-19 response
	✓	Ensure that these services remain open, accessible (e.g. in multiple languages), inclusive, and are well-funded. Eligibility for services should not be determined or impacted by migrants' status – e.g. with precarious immigration status
	✓	Expand access points to mental health services
	✓	Apply holistic survivor-centred principles and trauma- and violence-informed supports to service provision
	✓	Apply Anti-Racism Anti-Oppression policy to service provision
	✓	Adapt and strengthen online supports, helplines, online counselling and technology-based solutions
	✓	Apply media safeguards to online supports
	✓	Address barriers and the digital divide to access remote services
	✓	Promote cultural safety models to service provision
	✓	Strength women and girls' safety nets -health coverage, basic income, housing, childcare
Public Discourses and Messages	✓	Change public discourses and messages in COVID-19 responses to emphasize that GBV survivors' needs matter, that services are available
Capacity Building	✓	Increase awareness and training on GBV across systems – health, social, education, protection, security, justice
	✓	Promote mechanisms to enhance GBV capacities of frontline workers – healthcare providers, law enforcement and court officials, etc. – including online and hybrid education training
	✓	Promote capacity building, and training. More inclusion of racialized populations in the health care system
Micro level		
Awareness, Sensitization and Advocacy	✓	Enhance campaigns to raise awareness among service providers – health, justice - and to sensitize the general population. Need a stronger integration of race and intersections with gender, immigration status, income/poverty
	✓	Support and fund advocacy efforts from racialized women, grassroots organizations and initiatives, cross-sectoral collaborations in advocacy and campaigns
	✓	Engage community "gatekeepers"

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.)

- COVID-19, mental health, women, girls, racialized, gender, gender-based violence, domestic violence, intimate partner violence, pandemic