Summary

Clifford, Hayley, Peggy and Gregory shared their communities' youth mental health innovations during the COVID-19 pandemic. We also welcomed Desiree (from Elsipogtog Frist Nation) through the chat.

Sturgeon Lake First Nation: We are focusing on outdoor events, which is very similar to how we were doing things before. This has allowed us to reconnect with youth on the land.

Mistissini: We are using the land a lot more. Goose break was a success, but it did not benefit everyone as not everyone has access to a camp.

Inuvialuit Settlement Region (ISR): We had an on the land program from March to April, many community members attended. Being on the land has meant that people are having more family time. We organise a fun weekend every year where all the communities get together. This is normally done on the land but this year we did it virtually. Our biggest challenge has been figuring out how to get on the land as a group. We are now allowed to use the bus if everyone is wearing a mask

Telehealth and socially distant counselling

Eskasoni First Nation*:* We now use telehealth appointments but not everyone has access to internet/technology. We have found that clinical appointments are more tiring than in person appointments because you can't see body language and there is more silence in an appointment because of technology issues. We also need a better assessment tool for suicide over the phone – it's sometimes difficult to reliably asses the person over the phone.

Sturgeon Lake First Nation: We use our radio station to for teaching and engagement. We would really like to do online counselling but we do not currently have the necessary equipment. We were already doing counselling from the car. Now we drive to client and stay in the car.

Mistissini: We are using telehealth – it used to be free for all system but now we are using scheduled approach. We also have a psychosocial hotline. The technical challenges that we have face are: making sure that people know that these resources exist and not everyone has access to WIFI, technology and a private place.

Elsipogtog First Nation: We had a youth suicide in March so we had to find ways to provide support to the family. We were all provided with work phones during this time so that we could reach out to youth in need that was affected by the suicide. We started online activities through social media and contest where families were participating from home.

Harm reduction and substance use

Eskasoni First Nation: We had to rethink safe harm reduction practices and had to adapt our methadone program. We initially faced pushback for our harm reduction program –in the end, we were able to get supplies into the community. We also delivered safe kits.

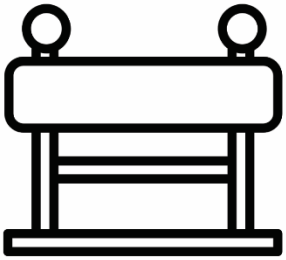
Mistissini/ISR: we have also seen an increase in alcohol and drug use

ACCESS OM operations

***Sturgeon Lake First Nation**:* We normally get referrals from the school so the number of referrals has gone down during COVID-19. With COVID-19 it's hard to find authentic ways to engage with youth.

***Eskasoni First Nation**:* Referrals went down; we hope we are going to be able to start reengaging youth. We also had to pause asking for ACCESS consent, but it'snow picking up again.

***Ulukaktok**:* Youth are not very vocal – we need to ask them what they want/need.



COVID-19 challenges

ISR: Families could not visit elders in long-term care. Now elders can go outside – but we recently got a chicken pox scare. We are waiting for phase 3 so that our elders can take part in our program again. We have also had many homeless situations: so we have set up two homeless shelters. There is still anxiety around hugging in the community and an increased feeling of isolation

Eskasoni First Nation: Transportation and logistics were a huge issue when we in lockdown. We had a COVID19 van to transport people to hospital to be tested but this created stigma. Difficult that we are not able to gather to celebrate milestones, loss of people.

Elsipogtog First Nation: It was hard because we come from a "hugging " type of community and we couldn't because of social distancing.

Connections

Eskasoni First Nation: We have had a lot more family time and many kids were happy that they did not have to go to school.

Mistissini: COVID-19 has led to more communication between different communities and organizations. COVID-19 has brought about these conversations around Elders' experiences of infections diseases – we have learnt from these!

Sturgeon Lake First Nation: We are starting to prepare for second wave, we have weekly meetings to make sure that all the staff is working together

Eskasoni First Nation: We are now preparing for next wave – it's important to provide resources that are age and culturally appropriate for kids. Check out our Mi'kmaq handwashing song on our Facebook page: https://bit.ly/2CHj5El

Mistissini: There is a frustration as people from the south can go to the north on vacation but people from the north can't go down expect if they self isolate for two weeks

Q&A Session

Q1) What has been the impact of COVID-19 on workers and staff? Have workers felt powerless and unable to function?

Cliff: I didn't really have a space to go to because office closed down, that was difficult.

Peggy: I was more busy than when I was actually at work. We were working 12-14 hour days. We also had to think of projects that workers could do from home. But now we are back at our office full time. It's definitely been a Learning curve

Hayley: A lot of team members that wanted to be in the office but weren't allowed. Many clinicians feel disconnected and are finding telehealth appointments exhausting. A lot of people switched roles – youth who were working in the youth space, transitioned into supporting the health centre in cleaning, disinfecting and crowd control within the building- some people liked that but some people wanted to go back to their previous jobs.

Greg: Very early on there was a lot of planning around what work could get done during COVID-10. But there wasn't enough work for everyone. Some people were very busy some didn't have enough to do. Colleagues that did not have as much to do were resentful – because they were not being involved in the action or felt like they have been excluded from the work. For the last couple of months we have focused on needs of the community to make sure that everyone has a job to do.

Q2) Did you observe some aggravation regarding isolation, distress feelings, drug consumption (within the population or workers)?

Hayley: At the beginning the community couldn't leave to get resources such as alcohol and tobacco- we needed to find solution to get people these substances and maintain harm reduction.

Cliff: There was pushback on having the community locked up – but mostly from people outside the community. We are in a community that is not too far from the city, so we needed to figure out what the curfew would be and what that would mean.

Peggy: Everybody was very lonely, people were just sitting at home during phase 1, in the ISR we are community driven so it was a though for our people to isolate.

Q3) Did you have cases of youth that found it hard to spend more time with family? Or youth that don't have a carer/family member that they could go to?

Hayley: There are families for which it was complicated to be stuck at home. We have been unable to meet in large groups until recently. So there were a lot of challenges there.

Greg: For many families its been ok, but there are some families for which the pandemic made things worst. Some youth were under youth protection and were in a closed facility and couldn't leave- we did our best to give them support during that time.

Q4) Is there sufficient/easy access to COVID-19 testing in your communities? If so, has this been the case since the beginning of the pandemic? If not, has this contributed to distress? Have borders to your communities remained open?

Hayley: There has been testing in the community – there is a testing station in Sydney. The community did a great job in determining who was in quarantine – and checked that everyone maintained the quarantine.

Cliff: Testing is available every Monday, staff have to go into office to have swabs done to make sure everyone is healthy.

Peggy: There is testing in Nunavik, in the regional hospital. If people are driving/flighing back to their communities from they have have to self-quarantine for two weeks in Nunavik- in our local hotel. Public health nurses can do testing – if patient is suspected to have COVID-19 the test will be done in their home.

Greg: We have only had 10 cases of COVID-19 in our region. Our region was the first in Canada to imposed 14 days isolation. Testing was put in place very early on.

Q5) Cliff - do you think the youth space having to be shut down has caused more mental health problems for youth even if you're getting less referrals?

Cliff: It definitely has had a negative impact – youth coordinators have had messages from youth saying that they are feeling isolated, disconnected. We would Normally we have 250 youth coming into the youth space a month- there has defiantly been a loss of connection with our regulars. We are starting to engage them again.

Q6) How have social distancing, several washing hands, etc. been integrated in the community's practices? Have the community thought of using cultural-based methods to promote and integrate these practices? Could these methods be implemented in youth clinical services?

Peggy: We don't have any cultural practices regarding hand washing. We are enforcing social distancing, we have signs for when we go out on the land, we take basins with us for berry picking and day trips. We take lot of hand sanitizer too.

Hayley: A nurse practitioner came up with a youth Mi'kmaq version of how to wash your hands that went viral. We also did many videos from our clinicians and Elders: some on smudging, people found that helpful. At our youth space we had the community nurses train the staff on proper handwashing and proper application of PPE. We all hand sanitize, we wear masks within the building.

Greg: We are using strategies to encourage hand washing and staying safe. Modified social distancing by using a goose or snowshoe to demonstrate the distance between people. It's important to adpat every measure to the realities of our community life. We are also usimg social media to make sure that there is good communication out there.

Q7) Greg and Hayley: you mentioned there has been more communication between organizations and communities during COVID19. Has this ever happened before, because of past events/challenges?

Hayley: We have never dealt with anything like this before. This was different – there was constant communication with directors, all staff zoom meetings. Nothing has been to this level in the past in terms of communication.
Greg: We have had recent experience with H1N1, in some ways communities were ready for this experience. Elders started talking about their experiences with infections diseases. There is an underlying readiness in population for infections diseases. Willing to accept hardship of measures being put into place.