



MENTAL HEALTH AND WELLNESS IN THE CONTEXT OF THE COVID-19 PANDEMIC



FIRST NATIONS OF QUEBEC
AND LABRADOR HEALTH
AND SOCIAL SERVICES
COMMISSION

This fact sheet was developed by the First Nations of Quebec and Labrador Health and Social Services Commission (FNQLHSSC) to support the interventions of First Nations communities and organizations to combat the effects of the COVID-19 pandemic on mental health and wellness.

The disruptions caused by the COVID-19 pandemic in all areas of life such as lifestyles and habits, the economy or cultural and spiritual practices, are not without consequences on individual and collective mental health. Indeed, social distancing, promiscuity, isolation, climate of uncertainty, job and income loss, financial insecurity, food insecurity, loss of services for the most vulnerable people, separation from loved ones and friends or the fear associated with infection and its complications are all sources of stress, worry and anxiety which can affect mental health in the short term, but also more persistently.

The effects of the pandemic on people's mental health are many and include physical effects (sleep disturbances, decrease or increase in appetite, fatigue, headaches, digestive problems, etc.), psychological and emotional effects (anxiety, feeling of helplessness, sadness, anger, etc.) and behavioural effects (difficulty concentrating, irritability, aggression, crying, withdrawal, difficulty making decisions, increased consumption of alcohol, drugs and medication, etc.).¹ Children and adolescents may also experience sleep, appetite and mood disorders, as well as various somatizations and behavioural disorders. For toddlers, regressive behaviours (language, cleanliness) are also observed.

According to several studies, certain population groups are more vulnerable to the effects of the pandemic context, meaning that they are at risk of developing psychological after-effects or seeing their mental state deteriorate. Among these are people with a history of mental health problems, children and adolescents, seniors (especially those who are isolated or with decreasing independence), women, remote Indigenous communities and social groups who are victims of both social and economic deprivation.² The pandemic context contributes to increasing vulnerability and inequalities; thus, people with addiction problems are more likely to develop mental health disorders, and people who are homeless are more likely to see their situation deteriorate (due to a past that is often traumatic or the exacerbation of violence suffered or perpetrated).³ It can also be assumed that the catastrophic effects of Indian residential schools and the placement of children on individual and collective mental health⁴ place Indigenous populations in a situation of greater vulnerability.

Although few studies document the consequences of the current pandemic on the health of populations, studies carried out during epidemics, humanitarian crises and natural disasters point to certain psychosocial impacts. Those that can fuel or aggravate social problems include an increase in violence against women and children, possibly suicide and abuse and, in the longer term, a potential increase in crime and feelings of insecurity.⁵ Social tensions and risky behaviour constitute other impacts that disrupt social life.⁶

Finally, the literature tends to paradoxically demonstrate certain positive effects of this context of crisis on the strengthening of social cohesion, family support and attention paid to one's own mental health. The many solidarity and mutual aid initiatives bear witness to the resilience of human beings. Many Indigenous populations have demonstrated during this pandemic situation their assertion of identity and their capacity for mobilization and self-determination in the management of this crisis.

The data from the 2015 First Nations Regional Health Survey (RHS), presented on page 3, reflects the pre-pandemic health and wellness status among the First Nations population in Quebec. This data can provide information on the importance of certain social problems, but also on the risk factors and protective factors with which interventions must deal to reduce the harmful effects of the pandemic on mental health.

¹ MSSS: <https://www.quebec.ca/en/health/health-issues/a-z/2019-coronavirus/stress-anxiety-and-depression-associated-with-the-coronavirus-covid-19-disease/>

² INESSS (French only): https://www.inesss.qc.ca/fileadmin/doc/INESSS/COVID-19/COVID-19_Sante_mentale-population.pdf

³ INESSS (French only): https://www.inesss.qc.ca/fileadmin/doc/INESSS/COVID-19/COVID-19_INESSS_Retablissement_Dependance-Itinerance.pdf

⁴ FNQLHSSC: http://cssspnql.com/docs/default-source/ers-phase-3/pensionnats_ers_phase-3_eng.pdf?sfvrsn=2

⁵ INSPQ (French only): <https://www.inspq.qc.ca/violence-conjugale/comprendre/contexte-pandemie>,

<https://www.inspq.qc.ca/sites/default/files/covid/2994-prevenir-violence-suicide-covid19.pdf>

⁶ INSPQ (French only): <https://www.inspq.qc.ca/sites/default/files/covid/2985-suivis-violence-securite-criminalite-tensions-sociales-covid19.pdf>



Other bibliographic references

- CMHA: <https://cmha.ca/news/covid-19-and-mental-health>
- INESSS: https://www.inesss.qc.ca/fileadmin/doc/INESSS/COVID-19/COVID-19_INESSS_Retablissement_SAPA.pdf (French only)
- INSPQ: <https://www.inspq.qc.ca/sites/default/files/covid/3016-resilience-cohesion-sociale-sante-mentale-covid19.pdf> (French only)
- INSPQ: <https://www.inspq.qc.ca/sites/default/files/covid/3018-repercussions-psychosociales-covid19.pdf> (French only)
- MSSS: https://publications.msss.gouv.qc.ca/msss/recherche/?txt=sant%C3%A9+mentale&rechercher=Lancer+la+recherche&msss_valpub= (French only)
- Observatoire des tout-petits: <https://tout-petits.org/publications/sur-le-radar/covid-19/les-impacts-possibles-de-la-pandemie/> (French only)



Table 1: Portrait of mental health and wellness and their determinants – RHS 3 (2015)

Mental health and wellness (12 years and up)	% (CI- - CI+)¹
Fair or poor mental health self-assessment	8% (6%-10%)
Individuals with anxiety disorders (phobia, obsessive-compulsive disorder or panic disorder)	9% (7%-11%)
Individuals with mood disorders (depression, bipolar disorder, mania or dysthymia)	7% (6%-9%)
Signs of moderate or severe psychological distress	11% (10%-14%)
Suicidal thoughts in the year before the survey	5% (3%-6%)
Suicide attempt in the year preceding the survey	2% (1%-3%)*
In harmony from a physical perspective (never or almost never)	7% (5%-9%)
In harmony from an emotional perspective (never or almost never)	5% (4%-7%)
In harmony from a psychological perspective (never or almost never)	7% (5%-9%)
In harmony from a spiritual perspective (never or almost never)	10% (8%-12%)
Individuals who report experiencing significant or extreme stress on a daily basis	13% (11%-16%)
Individuals who strongly indicate control over their lives	34% (31%-36%)
Physical and mental constraints (12 years and up)	% (CI- - CI+)¹
Physical constraints that limit activities at home, at work or elsewhere	15% (12%-17%)
Mental constraints that limit activities at home, at work or elsewhere	3% (2%-4%)
Home care (18 years and up)	% (CI- - CI+)¹
Individuals reporting a need for home care	13% (11%-15%)
Type of home care needs: assistance for daily living and domestic activities only²	7% (6%-9%)
Type of home care needs: home health care only³	1% (0.4%-1.2%)*
Type of home care needs: assistance for daily living and domestic activities and home health care	5% (4%-6%)
Proportion of informal caregivers	18% (14%-22%)
Food insecurity (18 years and up)	% (CI- - CI+)¹
Individuals faced with food insecurity	21% (19%-24%)
Addictions	% (CI- - CI+)¹
Excessive consumption of alcohol (12 years and up)	35% (31%-39%)
Cannabis use (recreational or medical) at least once a month (12 years and up)	17% (15%-20%)
Use of drugs (excluding cannabis) in the past year (12 years and up)	12% (10%-15%)
Individuals with a gambling addiction or at risk of developing a gambling addiction (18 years and up)	11% (7%-18%)*
Individuals with Internet addiction or at risk of developing Internet addiction (12 years and up)	16% (13%-19%)
Elder abuse (55 years and up)	% (CI- - CI+)¹
Individuals 55 years and older with at least one sign of abuse	10% (7%-15%)
Social support and isolation	% (CI- - CI+)¹
Individuals with low social support (12 years and up)	10% (8%-13%)
Adults living alone (18 years and up)	14% (13%-16%)
Adults living alone (65 years and up)	35% (30%-41%)
Adults living alone with at least one child (18 years and up)	6% (5%-8%)
Children and adolescents living with a single parent (0 to 17 years) (regardless of grandparents, uncles, aunts or other family members)	32% (27%-36%)
Social cohesion (12 years and up)	% (CI- - CI+)¹
Individuals who feel safe in their community	89% (87%-90%)
Individuals who feel a strong sense of belonging to their community	84% (82%-86%)
Overcrowding (18 years and up)	% (CI- - CI+)¹
Individuals living in overcrowded housing	10% (8%-11%)
Indian residential schools and placements	% (CI- - CI+)¹
Individuals who attended an Indian residential school (50 years and up)	22% (18%-26%)
Children and adolescents who are or have been placed (0 to 17 years)	14% (11%-18%)
Proportion of current or past placements outside of the communities (among young people aged 0 to 17 years who are or have been placed)	27% (20%-36%)

Source: FNQLHSSC, RHS 3 (2015)

* Interpret with caution, coefficient of variation between 17% and 33%

1 Estimates show lower and upper confidence intervals in parentheses.

2 Includes housekeeping, light housework, personal care, meal preparation, shopping and personal finance.

3 Includes nursing, palliative and long-term care.