



## NEIHR- MINUTES

**Date:** Tuesday, September 29<sup>th</sup>, 2020

**Time:** 3:00pm to 5:00pm

**Location:** Zoom Meeting

**PI:** Suzanne Stewart, University of Toronto

**In Attendance:** Roderick McCormick, Thompson Rivers University, Jeffrey Ansloos, University of Toronto, Alanaise Goodwill, Simon Fraser University (UBC), Lynn Lavalley, Ryerson University, Janet Smylie, St. Michael's Hospital Foundation, Holly Graham, University of Saskatchewan, Mikaela Gabriel, Brenda Restoule, Henry Harder

**Knowledge Users:**

Clay Shirt, University of Toronto

Elder Pauline Shirt, University of Toronto

Luana Shirt, University of Toronto

Wendy Philips, University of Toronto

**Collaborators:**

Chantelle Richmond, University of Western Ontario, Jeffrey Schiffer, Native Child and Family Services of Toronto, Brenda Restoule, First Peoples Wellness Circle (Nipissing First Nation)

Michael Hart, University of Calgary, Christopher Mushquash - Lakehead University

**Regrets**

Henry Harder, University of Northern British Columbia, Renee Linklater – CAMH, Pamela Hart, University of Toronto, Karlee Fellner, University of Calgary, Sandra Eades, University of Melbourne, Mikaela Gabriel, University of Toronto, Michelle Dickson, University of Sydney (N.S.W., Australia), Angela Mashford-Pringle, University of Toronto, Maile M. Taulii, Kaiser Permanente Centre for Health Research Hawaii

**Research Coordinator:** Roy Strelbel

**Research Assistants** – Devon Bowyer, Adriana Gonzalez

ITEM	DISCUSSION	RECOMMENDATION/MOTION/ACTION
Spiritual opening- Clayton  Individual Check-ins		
2. Group Updates  1. PI Update (Suzanne) <ol style="list-style-type: none"> <li>a. Talking to team members completed</li> <li>b. Partnership between Ontario NEIHR and the IMN finalized</li> <li>c. Logo design – in progress</li> <li>d. Bio’s and headshots – if not sent in, will use what’s in the proposal</li> <li>e. Network Evaluation subgroup report               <ol style="list-style-type: none"> <li>i. Ceremony</li> <li>ii. Western and Indigenous hybrid model</li> <li>iii. Fleshing out Evaluation Strategy (Draft 1 attached)</li> </ol> </li> </ol>	<b>Suzanne</b> <ul style="list-style-type: none"> <li>- Finished speaking to all but 1 person yet. Spoken to everyone else individually, and how the NEIHR Can support their existing work.</li> <li>- Logo design contest: Call for submissions has been sent out again. Hoping to receive artwork from Indigenous youth.</li> <li>- IMN partnership letter sent out.</li> <li>- Network eval has a report. Created a draft of the evaluation. Meetings came from subcommittee.</li> </ul> <b>Summary NEIHR Eval</b> <ul style="list-style-type: none"> <li>- Evaluating the NEIHR, are we meeting the objectives</li> <li>- Created a table with all of the NEIHR values, pulled out the proposal how we were going to meet from those values. Based on the conversations with the subcommittee and how we can meet our NEIHR objectives.</li> <li>- Can we promote Indigenous knowledges and Indigenous healing supports</li> <li>- We want to work in partnerships with health systems and governments</li> <li>- WE can evaluate the objectives as a group. How can we take part in ceremony? After ceremony, we’re all supposed to write how ceremony guides our specific</li> </ul>	

1. Final draft due  
November  
iv. Anyone wish to join?

research. Those reflections will be used to evaluate qualitatively how we're meeting our objectives.

- Our group will be internally surveyed

Jeffery

- Another measurement of impact could be students trained (increasing the number of researchers and professionals in the field). Possibly the IMN
- Citation index- broaden the potential way it can be read by non-internal members. We ought to think about different types of knowledge dissemination activities, such as publications of perspectives and lived experiences, work from the IMN students.
- Ceremony will be tough in light of COVID- can we do this individually and share narrative responses after these individual ceremonies?

Henry

- Agrees with Jeffrey.
- Completed a virtual ceremony as part of a different group he belongs to. Had an Elder that lead the ceremony. Was by the water, had a virtual smudge.
- Citations, approaching from a knowledge translation perspective (i.e. how are we transferring knowledge to communities that is not usually read from the citation index?)

Holly

- We can fit in the webinars as a form of knowledge translation as well, as it fits in with Indigenous oral tradition. We will be creating a substantial amount of knowledge through these webinars.
- Can we look at how many people have attended the webinars, how far is their reach? Across Canada, Internationally?

- **Can we create an archive of our online webinars. Can we record them so we can extend our reach**

**Suzanne**

- **Naming ceremony will be done with just Elder Pauline**

<p>2. Theme Group Update</p> <ul style="list-style-type: none"> <li>a. Leads and all members established – Theme group table</li> <li>b. Meetings frequency and platform – scheduling times</li> <li>c. Theme groups to be placed in breakout rooms after this meeting</li> <li>d. Budget</li> </ul> <p>3. Community Survey on Mental Health Needs</p> <ul style="list-style-type: none"> <li>a. Timeline <ul style="list-style-type: none"> <li>i. August/Sept, survey update, ethics application (see attachment)</li> <li>ii. October, administer</li> <li>iii. Nov, data analysis</li> <li>iv. Nov 30, report delivered</li> <li>v. Feedback?</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>- Can be used to inform future webinars, as well.</li> <li>- This form of KT is congruent with historical knowledge sharing of Indigenous peoples.</li> </ul> <p>Jeffrey</p> <ul style="list-style-type: none"> <li>- We should ask each contributor if they would be OK with having their webinar recorded, as we could create a library of relevant content that can be shared/accessed for public, future use.</li> <li>- National Centre for Indigenous Health has done something similar- podcasts and webinars regarding the COVID-19 pandemic have been archived through their site.</li> </ul> <p>Lynn</p> <ul style="list-style-type: none"> <li>- Controversy of doing ceremony online</li> <li>- We need to discuss this as entire group</li> </ul> <p>Suzanne</p> <ul style="list-style-type: none"> <li>- Naming ceremony</li> <li>- Rather than having a virtual ceremony, tobacco will be given to Elder Pauline, and she will come back with a name for our group</li> </ul> <p>Clay</p> <ul style="list-style-type: none"> <li>- Traditionally you would offer tobacco for an Elder, and the name will come with time</li> <li>- So, it doesn't need to be a whole gathering with all of us</li> </ul> <p>Suzanne</p> <ul style="list-style-type: none"> <li>- Almost everyone has met</li> <li>- We were thinking it would be easiest to meet in the hour after this meeting, 1<sup>st</sup> hour just a general meeting, 2<sup>nd</sup> hour will be done into breakout groups</li> </ul>	<p><b>Suzanne</b></p> <ul style="list-style-type: none"> <li>- <b>Trying to work with everyone</b></li> <li>- <b>Use layman language, for people who don't have the capacity to diagnosis</b></li> <li>- <b>Depression, sadness</b></li> </ul>
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- 4. Knowledge Mobilization Plan
  - a. Fall Gathering
    - i. October 26 - 29, 2020 – does this date still work or do we need to move to Nov?

- This will be important for building relationships within the theme groups.

Budget

- Took a long time with our IMN partnership
- 1-page proposal that every group needs to send
- 1-page summary of what research you intent to do for the NEIHR
- Include budget justification

Suzanne

- Emailed to everyone, based on feedback

Holy

- Still heavy on the DSM language and pathologizing terms.
- Is it possible to have a layman version? i.e. using terms like sadness, difficulty leading to stress, anxiety, loneliness?
- Can we do both?? Western + Indigenous ways of knowing

Janet

- Language is changing
- Ask about **unmet mental health** needs, and include a follow up. For instance, can ask a question like Which mental health diagnosis do you see most in our organization? From that, we can cluster the illnesses (i.e. mood disorders, depressive disorders). A lot of misdiagnosis occurs as well, so if we ask the question this way, we can use clusters to get a better sense of what mental health diagnoses are occurring.
- Have you been diagnosed by a health care professional?

**Ask Roy to send email from Janet**

**Roy will send Zoom invites to everyone**

- **Feedback form on what went well, and how it can improve**

<p>b. Monthly Webinars -</p> <p>    i. Schedule completed for 12 months (see attachment)</p> <p>c. Communications - Update</p> <p>    i. Internal</p> <p>        1. Google drive available</p> <p>    ii. External</p> <p>        1. Website, launched</p> <p>        2. Social media; Facebook, Twitter, Instagram, etc</p> <p>d. Other ideas?</p> <p>5. Expression of Interest by NPI for <b>Indigenous Journeys through COVID-19: A National Indigenous Seroprevalence Cross-Sectional and Community Sentinel Cohort Study</b></p> <p>6. Other Business</p>	<p>Jeffrey</p> <ul style="list-style-type: none"> <li>- Perhaps, a question can be framed as “What mental health challenges/psychological disorders do you see most in your organization?”</li> <li>- This language is more accessible and broader. This language can also be more accessible and relevant to different service providers, such as those in primary care or community settings.</li> <li>- We have such unclear data, to specific issues</li> <li>- Value in having complex trauma (not disorders, but speaking to a cluster of issues)</li> <li>- I think mental health challenges/psychological disorders (some communities embrace the medical model, some do not)</li> <li>- “I would like to see “Complex Trauma”, “Complex Grieving and Bereavement”, “Suicidality” and “Non-Suicidal Self-Injury” listed as well. Even though they aren’t necessarily disorders.”</li> <li>- Finally, may be beneficial to be look at this section as mental health challenges as opposed to being defined as Western or Indigenous. For example, some communities embrace medical languages, while others do not. Talking about mental health challenges in general terms may be better.</li> </ul> <p>Brenda</p> <ul style="list-style-type: none"> <li>- Having that layman language will be well-received</li> <li>- Crisis response prior to COVID</li> <li>- Mental wellness teams have increases</li> <li>- A good question to ask would be “Has there been an increase in crisis, and/or has been more difficult for you or your community to respond to a crisis?”</li> <li>- Crisis was high before, so COVID-19 presents even more challenges with things being viral.</li> </ul>	
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7. Summary & Conclusion,  
Suzanne

- **List of connecting (texting), or Messenger through Facebook**
- **Facebook live, social groups.** Not always a great uptake about virtual counselling, but people will do a FB live or social support groups for information sessions- no commitment, but presenters and workers in community are able to get that info across.
- **Access to virtual care (inequitable access to technology).**
- **Access to reliable, fast internet needs to be considered as well. Access to technology tools.**

**Janet**

- **Emailed a question. Took the DSM into plain language.**
- Racism has been a lot worse, and gaps in services have been felt.
- Poor quality care. Perhaps can ask a question like “Have you heard of experiences or reported experiences of service refusal because they are Indigenous, did it increase or stay the same during COVID?”

**Brenda**

- Access to virtual care for FN, but also gaps and inequitable access to tech and connectivity. Looking to communities that are remote and isolated- this is a gap that is not mentioned in the survey.

**Jeffrey**

- Agreed with Brenda.
- Most government responses assume stable access to high speed internet and are rarely staffed by people with mental health training that can assess risk of suicide.

- Social media and suicide, ways in which people are looking at suicide and non-suicide self-harm information on different social media platforms.

Suzanne

- Fall Gathering- October 28<sup>th</sup> and 29<sup>th</sup>.
- Will consist of two 2-hour days (3-5 pm)
- Jeffrey asked if Zoom links can be sent out in advance with the Outlook invitations.
- Suzanne will create a feedback form for all panelists (what went well, what can be improved for next time)?
- Is everyone ok with it being recorded?
- **Offer an honorarium!!!!**



8. Closing Prayer, Elders Pauline Shirt		