Supporting the Mental Health of those Most Affected by COVID-19 Summary Report:

MH COVID CAPSTONE EVENT

CELEBRATE
CONNECT
CREATE CHANGE

kdehub
Mental Health Promotion
through knowledge development and exchange

Executive Summary

Between 2022 and 2024, the Public Health Agency of Canada's ***Supporting the Mental Health of Those Most Affected by COVID-19*** initiative (MH COVID) funded over 40 organizations that work with populations whose mental health has been disproportionately and uniquely impacted by the pandemic.

On February 27–28, 2024, members of the MH COVID community convened for a two-day Capstone Event. This community consisted of MH COVID project team members, members of the Public Health Agency of Canada, and of the Knowledge Development and Exchange Hub (KDE Hub).

The event objectives were to celebrate and profile the work of MH COVID projects; provide opportunities for project-to-project connections; connect MH COVID efforts to the broader mental health promotion and mental illness prevention field; and consider emerging directions for the future of population mental wellness.

With a priority on privileging project voices, the Capstone consisted of presentations, discussions, and workshops in plenary and small-group formats.

KEY INSIGHTS:

- **Historically under-recognized, the community health sector is integral to population mental wellbeing.** Increasing recognition of this sector as part of the overall health system and embedding community-informed evidence into practice and policy is crucial for advancing systemic changes that include decolonization and improved equity.
- **Storytelling and metrics communicate the valuable mission and impact of initiatives such as those funded through MH COVID.** Collective knowledge sharing and mobilization can be a powerful force for achieving common goals and for garnering engagement, interest, and support from important audiences (e.g., decision makers, funders, community members, practitioners). Choosing metrics and ways to communicate evidence strategically is key to making evidence meaningful.
- **Relationships are integral to many aspects of mental health promotion and mental illness prevention work.** They define context, underlie community-engaged approaches, allow cultural humility, shape the conditions of mental wellbeing, guide collaborative action, facilitate knowledge sharing, and maximize outcomes. Building and maintaining genuine partnerships and long-term connections beyond the MH COVID initiative will contribute to sustained impacts.

Land Acknowledgement: *The **MH COVID Capstone Event** took place on the traditional and unceded territory of many nations, including the Mississaugas of the Credit, the Anishnaabeg, the Chippewa, the Haudenosaunee and the Wendat peoples and is now home to many diverse First Nations, Inuit and Métis. We also acknowledge that Toronto is covered by Treaty 13 with the Mississaugas of the Credit.*

Introduction

The COVID-19 pandemic has had significant impacts on the mental health of Canadians. These impacts have been particularly acute for equity-deserving populations (e.g., racialized Canadians, children and youth, Indigenous communities) who experienced lower rates of mental health and wellbeing and higher rates of mental illness than the general population.[1,2,3]

Inequitable mental health outcomes that existed prior to COVID-19 were reinforced and amplified by the pandemic. As a result, many community-based organizations that provide mental health and wellbeing services and supports are facing more complex needs and an increased demand within the communities they serve.

In response, the Public Health Agency of Canada (PHAC) launched the ***Supporting the Mental Health of Those Most Affected by COVID-19*** (MH COVID) initiative with the goal of supporting organizations that reach and serve key populations whose mental health has been disproportionately and uniquely impacted by the pandemic. This two-year investment (2022–2024) supported projects that promote positive mental health or prevent mental illness as well as those that build capacity of organizations and service providers to address needs emerging from the pandemic. A total of 43 projects from across the country were funded. These projects worked with diverse communities in many settings and were led by a broad range of organizations (to learn more about MH COVID projects, visit **kdehub.ca**). The Knowledge Development and Exchange Hub (KDE Hub) was also funded as part of the initiative.

The KDE Hub hosted the MH COVID Capstone event on February 27–28, 2024, in Mississauga, Ontario. The event brought together MH COVID project team members, PHAC program planners and the KDE Hub team to share key learnings and reflect on shared efforts to promote positive mental health across Canada.

Grounded in the themes of **celebration**, **connection**, and **creating change** this event aimed to:

- Celebrate and profile the work of MH COVID projects,
- Provide opportunities for project-to-project connections,
- Connect MH COVID efforts to the broader mental health promotion and mental illness prevention field, and
- Consider emerging directions for the future of population mental wellness.

This report provides an overview of the event and highlights key insights.

What is the KDE Hub?

The KDE Hub supports connections and learning among projects funded through federal initiatives, including MH COVID. Guided by the vision "mental health promotion for Canadians that is evidence-informed, sensitive to diverse contexts and cultures, equitable, and sustainable," the Hub:

- Leads the creation of new knowledge across funded projects,
- Builds community and capacity amongst funded projects and others who share their interests, and
- Strengthens system supports for sustaining and scaling promising approaches to mental health promotion and mental illness prevention.

1 Canadian Mental Health Association. (2023). Mental Health at the Pandemic's End. Youth still reporting higher rates of mental health problems. **https://cmha.ca/brochure/mental-health-at-the-pandemics-end-youth-still-reporting-higher-rates-of-mental-health-problems/**

2 Cénat, J. M., Farahi, S. M. M. M., & Dalexis, R. D. (2023). Prevalence and determinants of depression, anxiety, and stress symptoms among Black individuals in Canada in the context of the COVID-19 pandemic. Psychiatry research, 326, 115341. **https://doi.org/10.1016/j.psychres.2023.115341**

3 Statistics Canada. (2023). Survey on COVID-19 and Mental Health, February to May 2023. **https://www150.statcan.gc.ca/n1/daily-quotidien/231212/dq231212c-eng.pdf**

7

PROVINCES REPRESENTED

31

PROJECT SHOWCASE PRESENTATIONS

WATCH THE EVENT HIGHLIGHT VIDEO

120

ATTENDEES

19

SPEAKERS

37

MH COVID PROJECTS REPRESENTED

AGENDA DAY 1	
8:30am	**Opening Session** Drs. Alice Schmidt-Hanbidge (she/her) and Colleen McMillan (she/her), Scientific Co-Directors of the KDE Hub Elder Myeengun Henry (he/him), Indigenous Knowledge Keeper, Faculty of Health, University of Waterloo
9:20am	**Keynote:** Celebrating and Scaling Community Leadership in Mental Health **Dr. Kate Mulligan** (she/her), Assistant Professor, Dalla Lana School of Public Health at the University of Toronto
10:20am	**Project Showcase Round I**
11:30am	**Journeying Together:** A Collective Learning Panel angel gunn (they/them), Provincial Mental Health Manager, and Jessanna Jones (she/her), Mental Health Program Specialist, **Métis Nation British Columbia, Kaa-wiichihitoyaahk (We Take Care of Each Other) Community Capacity Building Implementation Project** Matt Drabenstott (he/him), Program and Evaluation Fidelity Lead, Student Commission of Canada, **SIFT – Offering Youth Safer Spaces to Experience, Appraise, Sift and Choose Tools for Mental Health** Julian Waithe (he/him), Clinical Lead, **Wanasah: Mental Health Services for Black Youth, The Wanasah Trauma-Responsive Community Initiative** Moderated by Dr. Katie Cook (they/them), Evaluation and Research Manager, KDE Hub
1:25pm	**Project Showcase Round II**
2:45pm	Wellness Options
3:15pm	**Conversation Café:** Project to project connections Peer support in mental health programming Cultural adaptations to mental health programming Partnerships in mental health programming
AGENDA DAY 2	
8:30	Plenary Opening Activity
8:45	Concurrent Workshops: Learning Together •**Afrocentric approaches to wellness** Solomon Lome (he/him) and Liben Gebremikael (he/him), TAIBU Community Health Centre •**Engaging communities in evaluation** Hani Sadati (he/him), Rich Janzen (he/him), and Dayan De Souza (she/her), Centre for Community-Based Research •**Grant and proposal writing** Ishan Angra (he/him) and Melissa Potwarka (she/her), Collective Results
10:30	**In Conversation: Emerging Direction for Population Mental Wellness** • Asha Croggon (she/her), National Director, Friendly Calls Program, Canadian Red Cross • Dr. Ripudaman Singh Minhas (he/him), Developmental Paediatrician, Director of Pediatric Research and Project Lead for Our Kids' Health, St. Michael's Hospital, Unity Health Toronto • Dr. Ketan Shankardass (he/him), Associate Professor, Department of Health Sciences, Wilfrid Laurier University
11:45	**Closing Session** • Dolorès Adlard (she/her), Manager, Trauma Supports and Wellbeing Unit, Centre for Mental Health and Wellbeing, Public Health Agency of Canada • Elder Myeengun Henry (he/him), Indigenous Knowledge Keeper, Faculty of Health, University of Waterloo • Drs. Alice Schmidt-Hanbidge (she/her) and Colleen McMillan (she/her), Scientific Co-Directors of the KDE Hub

KEYNOTE ADDRESS:

Celebrating and Scaling Community Leadership in Mental Health

Dr. Kate Mulligan (she/her), Assistant Professor, Dalla Lana School of Public Health at the University of Toronto gave the keynote address.

Dr. Mulligan underscored the significance of initiatives such as those funded through the MH COVID program and emphasized that community-focused, health and equity-driven actions not only mitigate the impacts of the pandemic but also contribute to building more resilient, context and culturally-sensitive, health-promoting systems. Participants were invited to consider relationships and collective storytelling as key levers for ongoing impact.

Watch the video
KEYNOTE ADDRESS

KEY TAKEAWAYS:

- **Community health is under-recognized.** Communities facing barriers to equitable access to health and social services are often ignored within mainstream health system frameworks and approaches. Similarly, the community health sector has been historically undervalued and under-recognized as an integral contributor to the health system.

- **Collective storytelling and using metrics that matter is key.** Contributing to a collective story of impact can help bring needed recognition of the value of community initiatives working to promote mental wellness and prevent mental illness. There are many indicators and metrics that can be used to tell compelling stories and it is important to consider who we are trying to influence. Who do we want to hear and be moved by our message? Are we hoping to reach participants? Communities? Decision makers? Clinicians? What information is meaningful to this audience? Change is galvanized through collective efforts to mobilize evidence that matters.

- **Relationships provide powerful context and opportunity.** Social determinants of health influence mental and overall wellbeing through relationships with people, systems, policies, and place. Often rooted in a colonial history, relational power dynamics exist across each of these domains and create barriers to community health. A health promotion approach shifts power by favouring community assets over deficits and empowers communities to self-determine what conditions will create greater wellbeing.

> *One of the most significant ways to make this work sustainable... is to share our story, and to share it together. Because there is a perception, in some ways reflected by the current reality, that community health work is a series of pinpoints all over the place that don't add up to something more than the sum of their parts. And we're here to challenge that and define the ways in which we do add up to more than the sum of our parts. And we are a sector, and there's a really important contribution that we're making.* – Dr. Kate Mulligan

Project Showcases

> Through the MH COVID initiative, diverse projects focused on reaching populations whose mental health has been disproportionately affected by the COVID-19 pandemic.

Click here for a list of presentations with links to project descriptions.

One of the highlights of the Capstone Event was the opportunity to learn about and from an array of projects. Members of 31 MH COVID projects described their work during two concurrent rounds of presentations.

Across the project showcases, a few key themes stood out:

- Promotion and prevention related to mental health and wellness are needed to address systemic challenges that have caused health inequities
- Adapting and tailoring interventions is necessary when supporting individuals and communities with unique needs
- Culturally relevant supports and resources provide equitable, diverse, and inclusive options needed when taking a population approach to mental health
- Peer and community supports play a vital role to ensure people of all backgrounds feel comfortable accessing mental health-related services
- Representation among volunteers, frontline team members, and leadership allow people in communities to feel more comfortable when accessing mental health supports
- Integrated services and social prescribing options can strengthen prevention and promotion approaches related to mental health and wellness
- Support and considerations for both individuals and communities strengthen overall resilience for a fuller system response to mental health and wellness needs

JOURNEYING TOGETHER:

Collective Learning Panel

> This conversation featured voices from three MH COVID projects with the goal of reflecting on approaches found to be successful within their communities and exploring lessons they will take into future work to promote mental health.

Watch the video
LEARNING PANEL

KEY TAKEAWAYS:

- **Meet people where they are.** When working with diverse populations and intersectionalities, there is no one-size-fits-all approach. Humility, flexibility, and adaptability are guiding principles for ensuring engagement, effectiveness, safety, retention, and successful scale up. In some cases, it may be important to push back against systemic conventions or protocols that hinder these efforts.
- **Pause on the 'where.'** To make the greatest impact, mental health promoters must first consider context and potential barriers to positive impacts. They might ask questions such as: Where is the community located? Is travel an issue? Does the community have internet access? Is trauma and a sense of safety a potential hindrance to engagement? What cultural beliefs need to be considered? Prioritizing co-development, panelists spoke of elevating the voices of community members to better understand context, needs, and to collaborate on solutions.
- **Optimize organizational capacity.** Staff burnout is a real issue. To prevent this from happening, staff wellbeing needs to be prioritized. Action steps might look like wellness initiatives, new hires, fostering authenticity and trust amongst staff members, and strategically leveraging team member strengths. Partnerships were also discussed as a key component of expanding organizational capacity to implement and evaluate interventions.

> *I know firsthand what it's like to be silenced or overlooked or patronized. [I have] experienced White favouritism, having someone else speak on my behalf without my consent or permission. And so for us, it's such a big part of making this life promotion and suicide prevention training to be Métis-led and Métis-specific...What we've found in our knowledge gathering components with our community life promotion circle, or facilitator cohorts...culture and community is mental health, that is something that is synonymous. So, for us, it was so important to elevate the voices of our community and have it led by them."*
>
> **– Jessanna Jones**

LESSONS FROM THEIR JOURNEYS

Kaa-wiichihitoyaahk (We Take Care of Each Other)

Métis Nation of British Columbia

Grounding programming in Métis culture is at the core of this project. The Kaa-wiichihitoyaahk team worked with non-Métis partners who shared interests and capacity to scale the work, who were open to examining and developing their knowledge and understanding, had cultural humility, and were willing to adapt their ways of working. The team found a balance between efficiency (e.g., rapid implementation or scaling) and integrity of approach (i.e., community-led, safe, culturally-informed).

SIFT: Offering youth safer spaces to experience, appraise, sift and choose tools for mental health

Students Commission of Canada

Having initially developed a program focused on addressing negative impacts of the COVID-19 pandemic on the mental health of youth and young adults, the SIFT team soon learned that this was not the content that their audience desired to engage with. After listening to the needs of youth, the SIFT team re-designed their program to better meet the community's needs. The result is a program that explores and acts on connections between identity and mental health.

The Wanasah Trauma-Responsive Community Initiative

Wanasah

The Wanasah team engages members of Black Canadian communities who may have experienced trauma. Members of these communities have diverse cultural backgrounds and beliefs about mental health. The project team has benefited from using a trauma-informed approach that forefronts cultural humility, safety, education, and a variety of engagement strategies and options.

> *I think it's flexibility, but it's also about education and addressing misunderstanding. Because when it comes to mental health, a lot of the folks downtown and Black folks downtown, they see mental health is one thing. And once they see that, they can't unsee that. So, a big piece of my job was to do presentations. To go into different pockets of the city and say, 'Look, mental health is more than just an intersection.'*
>
> **– Julian Waithe**

CONVERSATION CAFÉ:

Project to project connections

Participants joined small group discussions and exchanged thoughts, knowledge, and experiences on one of three topics with cross-project interest: cultural adaptations to mental health programming, peer support in mental health programming, and partnerships in mental health programming.

CULTURAL ADAPTATIONS

Cultural adaptation acknowledges the importance of local contexts and multiple ways of knowing and doing. Conversations were guided by the question, "Describe your experience and/or interest in cultural adaptations within your work. What successes and challenges have you experienced?" Across groups, highlights included:

- **Safe/brave spaces build trust.** This is a process which takes time and continuous collaboration and engagement with communities.
- **Bottom-up, informal approaches to collaboration.** Let the community guide and approach the work from a place of humility – as a student rather than an expert.
- **Short funding initiatives are not conducive to building trusting relationships.** Trust is broken when engagement is not continuous – it is difficult to re-build once broken.

PEER SUPPORT

Peer support connects people with shared experiences to strengthen social inclusion and engagement. Conversations were guided by the question, "Describe your experience and/or interest in using peer support models within your work. What successes and challenges have you experienced?". Across conversational groups, the following insights emerged:

- **Advantages.** Peer support work bridges the gap between community health and healthcare services. Peer support workers can effectively determine and meet client needs (e.g., language, knowledge, abilities) by connecting them to supportive resources.
- **Burnout and re-traumatization.** Support workers need to prioritize their own self-care and well-being and need to be supported in their own journey.
- **Lack of clarity in the role.** This can lead to stigma and misunderstanding of the role of peer support workers in the community and with other healthcare workers. There are pros and cons to regulating the profession in the future.

PARTNERSHIPS

Partnerships are strengthened through supportive and synergistic collaborations which can be richly productive, but also challenging at times. In small groups, participants were invited to share insights and ideas to strengthen project partnerships. Guided by the following question, "Describe your experience or interest in the role of partnerships within your work. What successes and challenges have you experienced?" the following insights emerged:

- **Be curious.** Build partnerships outside of your area of work; make the partnership mutually beneficial; reach out and ask questions to potential partners.
- **Share your stories.** Storytelling is an excellent method to increase relationship building and support sustainability. Impactful stories are just as (if not more) important than quantitative data.
- **Plan for sustainability.** Building relationships and gaining trust takes time. Plan for sustainability early in a project.

IN CONVERSATION:

Emerging directions for population mental wellness

Led by Dr. Ketan Shankardass, Asha Croggon, and Dr. Ripudaman Singh Minhas, this fireside chat explored the role of connection, culture, knowledge, and systems change in sustaining and maximizing the efforts of mental health promotion and mental illness prevention initiatives.

Watch the
SESSION RECORDING

KEY TAKEAWAYS:

- **Taking advantage of systemic windows of opportunity.** The focus on creating conditions for community resilience in the Chief Public Health Officer's 2023 report and the Public Health Agency of Canada's MH COVID investment are demonstrations of systemic support for upstream solutions to mental health. Those working in the space of mental illness prevention and mental health promotion are well positioned to tap into, accelerate, and benefit from this trend.
- **Community partnerships are mechanisms for systems change.** Fostering strong and genuine partnerships with communities is a hallmark of the MH COVID initiative and an important step towards decolonization and systems change. Equal partnerships with communities ensure that voices and experiences of those who have been historically marginalized are prioritized. Given the differences between culture in any given community, cultural humility is a key factor for successful community partnerships. Additionally important factors are agility (i.e., the ability to quickly and/or creatively adapt according to context and need), as well as adequate time to build trust and mutual understanding.
- **Sustain relationships, sustain the work.** One of the biggest assets of the MH COVID initiative are the connections that it has fostered – as part of project work and between project teams. Relationships can continue to produce impacts by creating infrastructures that make systems more resilient, making it easier to act collaboratively when it matters, and by helping us share what we know with others.
- **The value of knowledge mobilization.** Alongside relationships, knowledge is an equally important and lasting asset from MH COVID and beyond. Discernment and sharing of lessons learned can greatly benefit systemic (e.g., governmental) supports for these efforts, and can create supportive networks of those with shared goals. Key ingredients for effectively communicating mental health promotion and illness prevention initiatives include using quantitative and qualitative methods, developing a theory of change, making impacts clear, and including the voices of frontline members.

> *I know each one of you comes to this because you have such a heart and such a generosity and a willingness to create the world you want to see. And we live in this extraordinary time where we are the gap fillers. You are the space holders between where we are in this society now and where we want to be. And that ability to hold that space is extraordinarily difficult. And it requires incredible courage. But courage is always rewarded in life. And it is better to fail at a noble goal than to exceed at a vacuous one.*
>
> **– Asha Croggon**

"Big sticky" insights

Near the end of the second day, Capstone participants were invited to share what "stuck" for them from the fireside chat and the whole event.

- Not to lose heart. There is power in network and collaboration.
- "Progress travels at the speed of trust"
- While our projects may be different in the big picture, our values and foundation are very alike.
- That what we are doing is part of something bigger – system change – and managing connections with each other will keep that change going.
- Being flexible, adaptable, and feedback seeking from your target audience; community is critical in the face of evolving needs/contexts.
- For me, culture has a big role in addressing mental health. Usually, programs and services are designed as "one size fits all" which I think should be reassessed. There has to be a system where cultural appropriateness/ relevance of program/services are considered. Without considering one's culture, a nicely designed program could fail.
- How like-minded the folks doing this work are. How hard we are all willing to work to create safe, culturally grounded spaces for our communities to heal and thrive.
- Just how easy it is to relate to others based on what we do. I'm immensely grateful for my job opportunity, and the opportunity to come here. I love the conversations I've been a part of and I'll absolutely miss them.
- The wide breadth of experience we all have in our specific project areas – yet how similar we all are in our values, goals and missions. How impactful the work that we're doing is and how we need to share our stories, build connections and take up opportunities to work together.
- There are many of us who share the same vision and passion. We can do more when we gather together.

How does the Fireside Chat relate to what you have learned through your experiences as part of the MH COVID program?

- Cultural humility + agility = meaningful adaptations
- We are working in a system that perpetuates scarcity and competition. We need a new system that is collaborative, abundant, sustainable, and interconnected.
- None of us are alone, we all encourage and support each other's projects. It's beautiful to see the work and change being administered.
- It helped showcase our successes, struggles, hopes, and fears. Culture and community connection = healthy spirits.
- Community, communication, and collaboration matter. It's what drives/moves things forward. Have the courage to share and to be vulnerable, creating relatability and vulnerability through storytelling is POWERFUL and memorable. It inspires and resonates, and who knows, could bring in more money.
- Really the focus on the importance of relationships and partnerships. Whether it be from funders of organizations sharing your goal, relationships within the community guide all mental health projects.
- This session highlighted the needs of communities need to be put first – listen to their priorities and not what we think they should be. Learned that through the success of our projects.
- Stories matter and having a system in place to gather stories from front line workers so they can be shared with funders to demonstrate impact. Building relationships with funders is important.
- There are lots of needs out there and many equity deserving communities, we are all doing different projects and target different populations, but we have one big goal.

- Need to better share what we learned from the whole, our communities + link to policy + decisions.
- How to ensure lessons live past funding
- It's reaffirming that my project and team are on the right path. That we are not alone and have a lot of allies even if we serve different populations.
- To always consider the bigger picture
  Who else is in this space? How can we work together and support each other? How is what we are doing influencing social change and how could we better do that? i.e., continually looking at the systems we work within.
- The next few months left, I intend to spend more time focusing on sharing stories, testimonials on the impact of the project to get my stakeholders to understand the work and its impact.
- Break down disconnect between different roles within community health whether that be front line team members, managers, senior leadership or the funder.
- Being flexible, adaptable, and feedback seeking from your target audience; community is critical in the face of evolving needs/contexts.
- I think that the topics discussed regarding partnerships could help strengthen my project, in regards to providing better support, more integrated support for our participants, many of which joined our program for more Black, culturally comprehensive mental health supports, and while we have given referrals, a fully Black mental health integrated program would incorporate free culturally comprehensive counselling along with our [name of program].
- Being more creative about evaluation.
- I think I have created incredible relationships/ partnerships that will help all of our work moving forward. As many have mentioned, it feels collaborative not competitive. However, with this funding ending March 31 we are all scared for the future of our programs and what that means for the overall health and well being of our clients. And although we are all working together, the systems still hinder the work we do and make us "compete" for funding.
- In reporting, add the minute details; share the testimonials, create the partnerships, and continue the conversations with us. Tell the story though your data. Numbers don't lie.
- Building connections; asking questions; sharing impact stories; values; partnerships; culture; structural change; celebrating success.
- Keep going! Engage my community more and improve our work at our best effort.

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- **Ishan Angra** and **Melissa Potwarka**, Collective Results
- **Asha Croggon**, National Director, Friendly Calls Program, Canadian Red Cross
- **Dr. Ripudaman Singh Minhas**, Developmental Pediatrician, Director of Pediatric Research, St. Michael's Hospital, Unity Health Toronto
- **Dr. Ketan Shankardass**, Associate Professor, Department of Health Sciences, Wilfrid Laurier University
- **Dolorès Adlard**, Manager, Trauma Supports and Wellbeing Unit, Centre for Mental Health and Wellbeing, Public Health Agency of Canada

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