

STATCAN COVID-19: DATA TO INSIGHTS FOR A BETTER CANADA



Indigenous people and mental health during the COVID-19 pandemic

by Paula Arriagada, Tara Hahmann and Vivian O'Donnell

Release date: June 23, 2020

How to obtain more information

For information about this product or the wide range of services and data available from Statistics Canada, visit our website, www.statcan.gc.ca.

You can also contact us by

Email at STATCAN.infostats-infostats.STATCAN@canada.ca

Telephone, from Monday to Friday, 8:30 a.m. to 4:30 p.m., at the following numbers:

- | | |
|---|----------------|
| • Statistical Information Service | 1-800-263-1136 |
| • National telecommunications device for the hearing impaired | 1-800-363-7629 |
| • Fax line | 1-514-283-9350 |

Depository Services Program

- | | |
|------------------|----------------|
| • Inquiries line | 1-800-635-7943 |
| • Fax line | 1-800-565-7757 |

Standards of service to the public

Statistics Canada is committed to serving its clients in a prompt, reliable and courteous manner. To this end, Statistics Canada has developed standards of service that its employees observe. To obtain a copy of these service standards, please contact Statistics Canada toll-free at 1-800-263-1136. The service standards are also published on www.statcan.gc.ca under “Contact us” > “[Standards of service to the public](#)”.

Note of appreciation

Canada owes the success of its statistical system to a long-standing partnership between Statistics Canada, the citizens of Canada, its businesses, governments and other institutions. Accurate and timely statistical information could not be produced without their continued co-operation and goodwill.

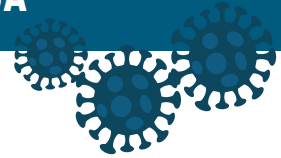
Published by authority of the Minister responsible for Statistics Canada

© Her Majesty the Queen in Right of Canada as represented by the Minister of Industry, 2020

All rights reserved. Use of this publication is governed by the Statistics Canada [Open Licence Agreement](#).

An [HTML version](#) is also available.

Cette publication est aussi disponible en français.



Indigenous people and mental health during the COVID-19 pandemic

by **Paula Arriagada, Tara Hahmann** and **Vivian O'Donnell**

The COVID-19 pandemic and resulting social disruption have left many to struggle with changes to routines and feelings of uncertainty. Stress and worry may be common especially as it relates to fear of getting sick or making others sick, fear of being apart from loved ones due to physical distancing, and worry about economic well-being, including job loss (Government of Canada, 2020). A recent Statistics Canada crowdsourcing data collection initiative provides new information about the impacts of the COVID-19 pandemic on the mental health of Indigenous people in Canada.

The crowdsourcing data collection was completed by approximately 1,400 Indigenous people.¹ Readers should note that crowdsourcing data are not based on sampling principles. As a result, the findings reported below cannot be applied to the overall Indigenous population; however, the results offer valuable insights on Indigenous people and mental health in the time of COVID-19. Data from the 2017 Aboriginal Peoples Survey are also used to provide pre-COVID-19 context (see methodology section).

Six in ten Indigenous participants report that their mental health has worsened since the onset of physical distancing

COVID-19 has been referred to as a global psychological pandemic (Thakur & Jain, 2020), with this, and other disease outbreaks, being associated with psychological reactions such as symptoms of anxiety, stress, and depression (Rajkumar, 2020). Findings from the crowdsourcing data point to some of the negative impacts of the COVID-19 pandemic on the mental health of Indigenous participants.

Among Indigenous crowdsource participants, 38% reported fair or poor mental health, 32% reported good mental health, and 31% reported excellent or very good mental health. When asked how their mental health has changed since physical distancing began, 60% of Indigenous participants indicated that their mental health has become “somewhat worse” or “much worse” (Chart 1).

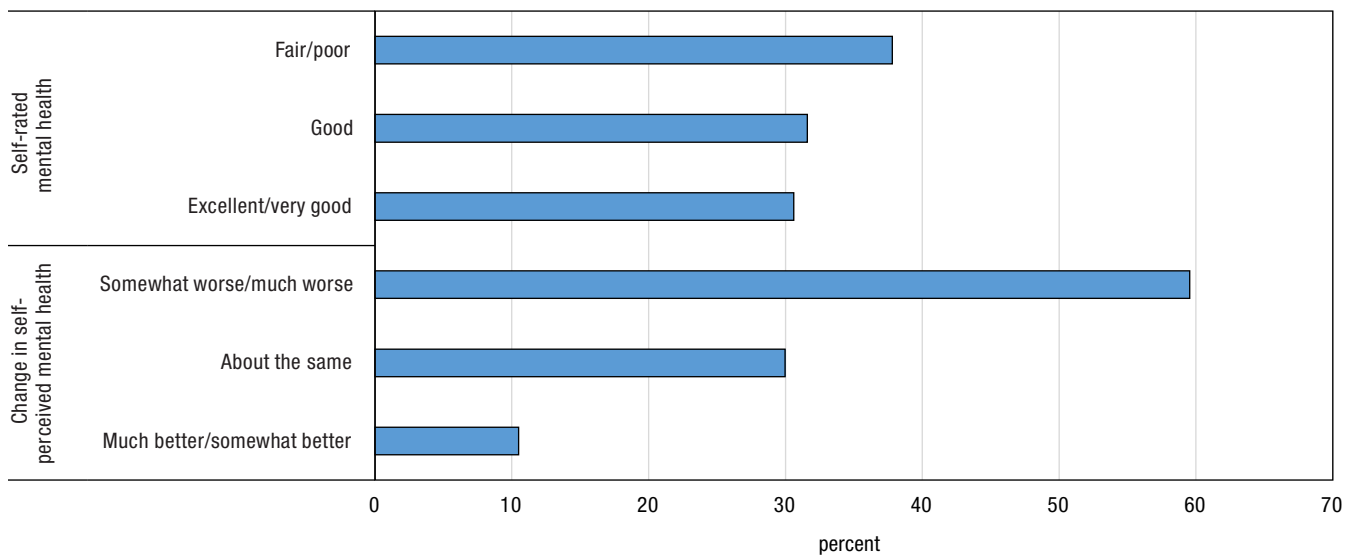
For context, in the 2017 Aboriginal Peoples Survey, 16% of the Indigenous adult population (First Nations people living off reserve, Métis and Inuit) reported fair or poor mental health, 31% reported good mental health and 53% reported excellent or very good mental health.

1. Because of the limited number of Indigenous participants in the crowdsourced data and other data limitations, it was not possible to present the analysis in this study separately for First Nations people, Métis and Inuit (see methodology section).



Chart 1

Self-perceived mental health and change in self-perceived mental health since the onset of physical distancing, Indigenous participants, April 24 to May 11, 2020



Source: Impacts of COVID-19 on Canadians - Your mental health.

Indigenous women report high stress and anxiety

Research has shown that women and girls have been disproportionately affected by public health emergencies, with greater physical and mental health risks due to multiple caregiving burdens, risks of gender-based violence, and economic vulnerabilities (Fuhrman, Kalyanpur, Friedman, & Tran, 2020). In the case of Indigenous women participants, the crowdsourced data indicate that their mental health is being particularly impacted by the COVID-19 pandemic.

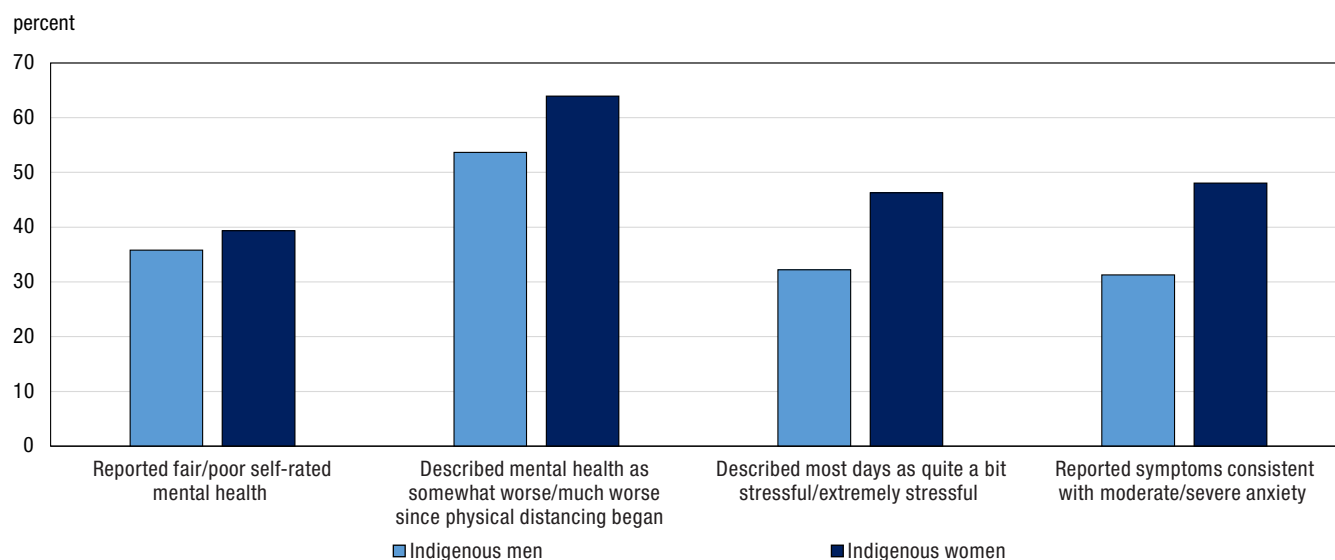
Among Indigenous crowdsource participants, 46% of Indigenous women and 32% of Indigenous men described most of their days as “quite a bit stressful” or “extremely stressful”. Further, higher percentages of Indigenous women than men reported symptoms consistent with moderate or severe generalized anxiety as measured by the GAD-7 scale,² with 48% of Indigenous women participants reporting such symptoms, compared to 31% of Indigenous men. Higher percentages of Indigenous women than Indigenous men (64% compared to 54%) reported that their mental health was “somewhat worse” or “much worse” since the start of physical distancing (Chart 2).

2. Generalized anxiety disorder (GAD) is a condition characterized by a pattern of frequent, persistent worry and excessive anxiety about several events or activities. Those with a score of 10 or higher on the GAD-7 were considered to have moderate to severe symptoms of generalized anxiety disorder in the two weeks prior to completing the survey. The data reported do not necessarily reflect a clinical diagnosis of GAD. In the context of the COVID-19 outbreak where the population has been unexpectedly exposed to an unprecedented global crisis with wide-ranging impacts including significant disruption to employment, schooling, and routines, and increased health risk, it is important to note that feelings of anxiety can be understood as natural reactions and not necessarily indicators of a long-term mental health disorder.



Chart 2

Impacts of COVID-19 on mental health, Indigenous participants, April 24 to May 11, 2020



Source: Impacts of COVID-19 on Canadians - Your mental health.

Data reflect mental health disparities between Indigenous and non-Indigenous people

Mental health disparities between the Indigenous and non-Indigenous populations in Canada have been well documented. They have been linked to the intergenerational effects of residential schools, the forced relocation of communities and removal of children from families and communities, and mental health services gaps (King, Smith, & Gracey, 2009). Studies have reported adverse mental health outcomes (Hackett, Feeny, & Tompa, 2016) resulting from stressors such as childhood adversity, trauma, and discrimination (Boksa, Jooper, & Kirmayer, 2015). Social determinants of health such as poverty, unemployment, housing and food security also play a role in mental health challenges experienced by Indigenous peoples (Matheson, Bombay, Dixon, & Anisman, 2019; Anderson, 2015). Previous releases have demonstrated various socioeconomic and health vulnerabilities to the impacts of COVID-19 among Indigenous people, which may compound existing mental health challenges (Arriagada, Hahmann & O'Donnell, 2020).

The crowdsourced data reflect mental health disparities between Indigenous and non-Indigenous people. Higher proportions of Indigenous participants reported fair/poor mental health than non-Indigenous participants (38% compared to 23%). Higher proportions of Indigenous participants also reported that their mental health is “somewhat worse” or “much worse” since the start of physical distancing (60% compared to 52%). Regarding stress and anxiety, 40% of Indigenous participants described most days as “quite a bit stressful” or “extremely stressful” and 41% reported symptoms consistent with moderate or severe anxiety. This is compared to 27% and 25% of non-Indigenous participants respectively (Chart 3).

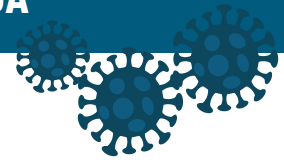
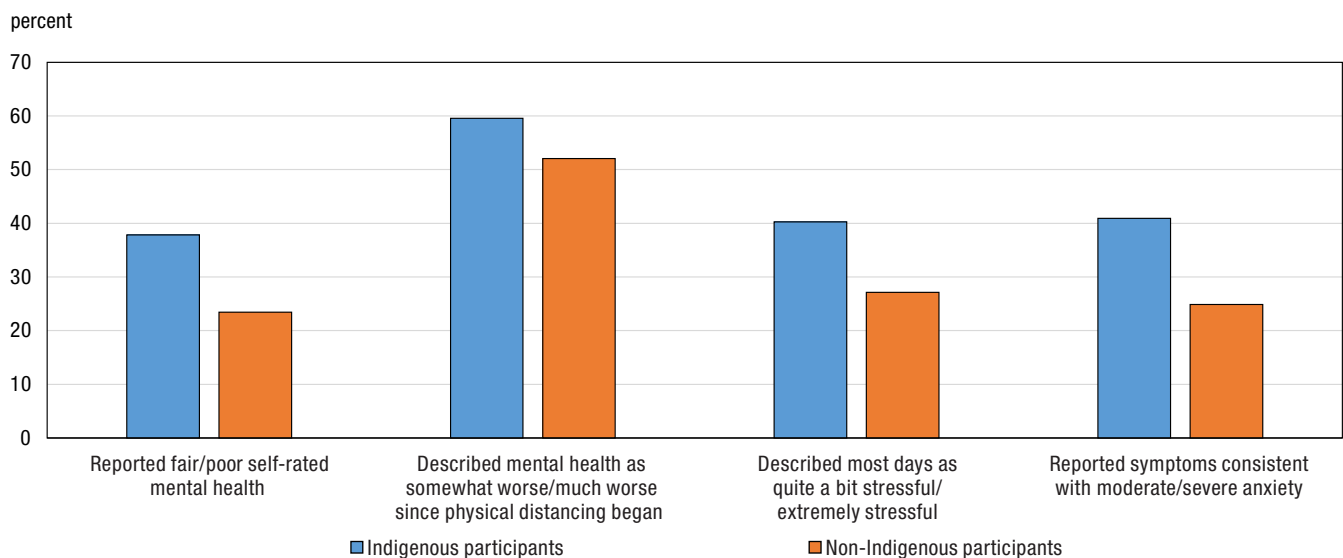


Chart 3

Impacts of COVID-19 on mental health, Indigenous and non-Indigenous participants, April 24 to May 11, 2020



Source: Impacts of COVID-19 on Canadians - Your mental health.

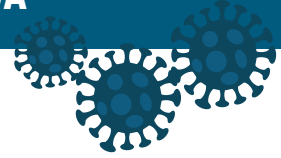
This is the third of a series of releases focusing on the economic, social and health challenges facing Indigenous people during the COVID-19 pandemic. A [first Daily article](#) examined health and social characteristics associated with a higher risk of contracting or spreading the COVID-19 virus among Indigenous people living in rural, remote and northern communities. A [second article](#) focused on vulnerabilities to socioeconomic impacts among Indigenous people living in urban areas.

Over the coming weeks, Statistics Canada will continue to report on the impacts of the current pandemic among Indigenous people, as Canada gradually enters a recovery phase.

Methodology

From April 24 to May 11, 2020, approximately 1,400 First Nations people, Métis and Inuit aged 15 and older participated in our online questionnaire “Impacts of COVID-19 on Canadians: Your mental health.” Unlike other surveys conducted by Statistics Canada, crowdsourcing are not collected under a sample design using probability based sampling. Methodological adjustments have been made to account for age, sex and provincial differences. However, these adjustments are for the general Canadian population and do not take into account the differences in age structure and geographic distribution of the Indigenous population. Because of these limitations, it was not possible to report findings separately for First Nations people, Métis or Inuit or for diverse subpopulations within the Indigenous population (for example, those living on reserve or those living in Inuit Nunangat). Caution should be exercised when interpreting the findings.

The 2017 Aboriginal Peoples Survey (APS) was used to highlight Indigenous peoples’ self-perceived mental health prior to the COVID-19 outbreak. The 2017 APS is a voluntary, national survey of First Nations people living off reserve, Métis and Inuit aged 15 or older.



References

- Anderson, T. (2015). The social determinants of higher mental distress among Inuit. *Aboriginal Peoples Survey* (Catalogue 89-653-X2015007) Ottawa: Statistics Canada.
- Arriagada, P., Hahmann, T., & O'Donnell, V. (2020). Indigenous people in urban areas: Vulnerabilities to the socioeconomic impacts of COVID-19 (Catalogue 45280001) Ottawa: Statistics Canada.
- Boksa, P., Joober, R., & Kirmayer, L. J. (2015). [Mental wellness in Canada's Aboriginal communities: striving toward reconciliation](https://doi.org/10.1503/jpn.150309). *Journal of psychiatry & neuroscience: JPN*, 40(6), 363–365. <https://doi.org/10.1503/jpn.150309>.
- Fuhrman, S., Kalyanpur, A., Friedman, S., & Tran, N. (2020). Gendered implications of the COVID-19 pandemic for policies and programmes in humanitarian settings. *BMJ Global Health*, 5(e002624).
- Government of Canada. (2020). [Taking care of your mental and physical health during the COVID-19 pandemic](https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/mental-health.html). Retrieved May 28, 2020 from <https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/mental-health.html>.
- Hackett, C., Feeny, D., & Tompa, E. (2016). Canada's residential school system: Measuring the intergenerational impact of familial attendance on health and mental health outcomes. *Journal of Epidemiology and Community Health*, 70(11), 1096-1105. doi: 10.1136/jech-2016-207380
- King, M., Smith, A., & Gracey, M. (2009). *Indigenous health part 2: the underlying causes of the health gap*. 374(9683), 76-85.
- Matheson, K., Bombay, A., Dixon, K., & Anisman, H. (2019). [Intergenerational communication regarding Indian Residential Schools: Implications for cultural identity, perceived discrimination, and depressive symptoms](https://doi.org/10.1177/1363461519832240). *Transcultural Psychiatry*. doi: <https://doi.org/10.1177/1363461519832240>
- Rajkumar, R. P. (2020). COVID-19 and mental health: A review of the existing literature. *Asian Journal of Psychiatry*, 52: 102066.
- Thakur, V., & Jain, A. (2020). [COVID 2019-suicides: A global psychological pandemic](https://doi.org/10.1016/j.bbi.2020.04.062). *Brain, behavior, and immunity*, S0889-1591(20)30643-7. Advance online publication. <https://doi.org/10.1016/j.bbi.2020.04.062>