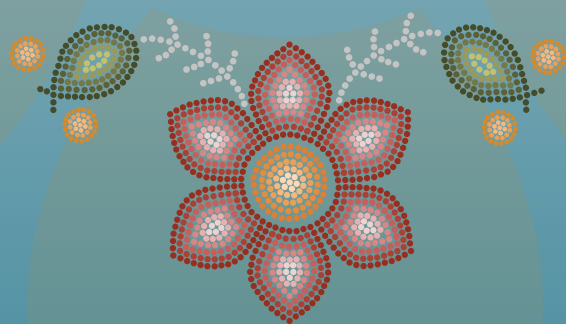


COMMUNITY REPORT:

WHAT WE HEARD

Métis Mental Health
before and during COVID-19



Métis Nation
of Ontario 

ACKNOWLEDGEMENT

Taanishi/Hello and welcome to this community report on information gathered on mental health and wellness during the COVID-19 pandemic from citizens of the Métis Nation of Ontario (MNO). Marsee, Maarsii, Miigwetch, Migwech, Merci, Thank you to the 36 citizens who spent time sharing their experiences and stories during the COVID-19 pandemic with us. Your openness in sharing your experiences and stories offered valuable insight and will inform Métis-specific mental wellness and unwellness programming in Ontario now and during future public health emergencies like the COVID-19 pandemic.

We also thank Senator Ron Lepage and Senator Pearl Gabona for their contributions and for opening and closing the sharing circles in a good way. A thank you to our mental health providers, Dr. Tera Beaulieu, Shane Forrest, and Rylee Godin from the Weaving Wellness Centre, who provided mental health support for MNO citizens participating in these conversations. Our thanks go to the former and current leadership team for the MNO's Community Wellbeing Branch including Wendy Stewart, Stephanie Humphries, Emily Paterson, and Tammy Adams, who co-developed the research questions and provided input on each stage of the research project. Last, we would like to acknowledge the Canadian Institutes of Health Research (CIHR) (grant# 480685) for funding this research along with the in-kind funding from the MNO.

This report is split into two parts. Part one is a summary of the sharing circles and one-on-one interviews that took place in Fall 2022 and Winter 2023. Part two is a summary of the results comparing mental health and addiction outpatient visits before and during the COVID-19 pandemic using the Ontario Health Insurance Plan (OHIP) data. Taken together, the results provide insights into the mental wellness and unwellness experiences of MNO citizens before and during the COVID-19 pandemic. If you have any questions or comments about the research, please do not hesitate to reach out through this temail: research@metisnation.org.

Marsee, Miigwetch, Merci, Thank you for your interest in reading and sharing this report. The MNO Leadership and research team look forward to working with MNO citizens on many more research projects in the future.

RESEARCH TEAM:

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SUMMARY

The COVID-19 pandemic has impacted people's mental health in many ways. Many felt scared because of the fast spread of the virus, had to live with lock downs and other restrictions, and faced economic changes that often caused more anxiety, depression, and stress. Data collected during the pandemic showed that six out of ten Indigenous people reported worse mental health. However, there wasn't any specific data on how the pandemic affected Métis people's mental health and wellness. The Métis Nation of Ontario partnered with researchers and conducted a Métis-specific study that had two main goals:

1. To collect stories from MNO citizens about their experiences during the pandemic and how it affected their mental health, using sharing circles and interviews, to determine common themes.
2. To determine how the use of mental health and addiction services changed for all MNO citizens from 2017 to 2022, using data from the whole population.

Key Findings

- Common themes from the sharing circles and interviews included:
 - o Changes to health and other services because of COVID-19 and the challenges in our services becoming more obvious
 - o Strong emotions like frustration, feeling overwhelmed, and fear
 - o The importance of wellness within families and kin networks and disruptions to these connections
 - o Métis wellness, which includes cultural, emotional, mental, physical, and spiritual health
- During the COVID-19 pandemic, visits for mental health and addiction services were 13% higher than expected.
- Women used these services more than men, and older MNO citizens (ages 65 and up) used them more than younger citizens.

These findings taken together highlight the need for specific mental health support, ongoing tracking of these issues, and culturally specific help for Métis communities. The results will be important for advocating for ongoing and increased investment in Métis-led mental health services and preparing for future pandemics.

PART 1: OVERVIEW

Summary of the Sharing Circles and Interviews on Mental Health Wellness (and Unwellness) during COVID-19

Starting in Fall 2022 through Winter 2023, the research team conducted three sharing circles (two for cis-gendered women and one for 2SLGBTQQIA+ and non-binary folks) and 26 interviews with MNO citizens who volunteered to participate in the study to listen to stories and experiences with mental wellness and unwellness. A total of 36 MNO citizens shared their pandemic experiences and stories with us. All of these conversations were facilitated by an MNO citizen and were attended by a Métis mental health provider to help support the mental wellness of our participants. In research like this where citizens share their thoughts, feelings, and experience, we first take the recordings of our conversations and create a written record of it, called a transcript. This is the "data" we collected. Each transcript is shared back with participants, and they are able to make changes as needed to ensure their experiences and stories are reflected accurately. Then, to make sense of all the MNO participants' transcripts, researchers organized it into themes and codes to try and interpret it. Codes are more specific groups that relate closely to one another and fit under one bigger theme. A long time was spent looking over the stories collected to understand where each fit into the codes and sub-codes chosen. In this study, two researchers (one of whom was Métis), received Métis cultural training, organized and checked each other's work to make sure there was agreement between the researchers. In addition, the codes and subcodes were reviewed a number of times within our larger research team which included two MNO citizen researchers, one of whom is also a registered psychotherapist. This made the study rigorous, balanced, and grounded in a Métis perspective.

The main themes identified were:

- COVID-19 induced changes to systems and services
- Experiences with death and dying
- Emotional experiencing (e.g., anger or frustration, fear, feeling overwhelmed, etc.)
- Interconnectedness
- Métis wellness (cultural, emotional, mental, physical, and spiritual)
- Wellness within family and kin networks

Overall, the COVID-19 pandemic disrupted many aspects of MNO citizens' daily lives and the traditional Métis and western health and social systems they depend on to maintain their health and wellness. Participants' mental health journeys throughout the pandemic followed different paths and could be influenced by factors like pre-existing conditions, substance use, and mental health experiences before the pandemic. Despite challenges, the shift to online environments has made more services, community events, and education more accessible for some citizens. Additionally, the slower pace of life was a positive change for some Métis citizens. A detailed narrative summary by each theme is included below and in a table format in Appendix A.

SUMMARY OF RESULTS

Results below are shared by major themes which emerged from conversations with MNO citizens.

COVID-19 Induced Changes to Systems and Services

During the pandemic, participants faced challenges like restricted visits to loved ones in care facilities, delayed medical appointments, and difficulty accessing mental health and essential services, which increased stress and worsened health. Rising inflation led to food insecurity, housing instabilities, and higher rates of homelessness, addiction, and crime, while job losses and long-COVID amplified financial and mental strain.

"If COVID had never happened, I would still have a job, we would still be like financially secure, our house, we would have been able to do that addition, our house wouldn't be overcrowded, like my financial future... Like all of that stuff is like because of COVID, right? And there's that part of me that knows like, "Maybe it would have been that anyway." [Participant 21]

In contrast, participants appreciated the MNO's support programs, particularly the mental health and addictions program, which provided mental health support, financial aids for essentials like food and housing, and community-focused programs like food baskets, wild game distribution, tutoring, and providing iPads to seniors, all of which helped to foster connections with other citizens and elders across the homeland.

"I was extremely grateful for some of the things that the Métis Nation of Ontario provided. And one of them being this tablet that I'm now doing this zoom with you on. I learned how to use it, and it provided an avenue that was very much needed, and that increased exponentially my quality of life in many ways." [Participant 4]

Many adapted to virtual platforms for work, education, and services, but faced barriers like poor internet connection and a steep technological learning curve. Online access to education, community events, and mental health services was a silver lining, offering greater accessibility and reducing travel needs. However, some struggled with virtual formats, especially for education, healthcare, or due to hearing impairments and limited tech skills. As in-person options resumed, many felt the loss of hybrid access was a step backwards in accessibility? inclusivity. Additionally, a few participants reported experiencing anti-Métis or anti-Indigenous racism when accessing COVID-19 vaccines, further exacerbating the challenges of the pandemic.

"I experience discrimination when that happened in our community because I was able to get mine before other people. I was told everything from I'm too white, and you don't deserve it. And I had people appropriating our culture to get the vaccine here, which is an ongoing issue that's bigger than this group. But yeah, so it's really affected us." [Women circle #2]

Experiences with Death and Dying

A few participants shared experiences of losing loved ones or community members to COVID-19 and other illnesses, such as heart and kidney problems. Others described feeling robbed of time with parents and grandparents due to visitation restrictions. These restrictions disrupted intergenerational relationships important to Métis culture and added to participants' grief, particularly when they couldn't be present during their loved ones' passing.

"Being able to see my father enough before he passed away really affected me. I didn't see him very much in the you know, the past 2 years, and I regret that." [Women circle #2]

The pandemic also made it harder to check on those struggling with mental health or addiction, leading to feelings of missed opportunities to provide help. Grieving was further complicated by restrictions on funerals and ceremonies, preventing in-person support and closure. One participant spoke of the trauma of witnessing mass death reports and preparing for potential community losses.

"So, we lost a lot of people and couldn't take time to grieve as we normally would. All of those ceremonies were cut off. So, we're losing people without the ability to access grief and condolence supports. That was tough to see and be a part of because it just kind of prolonged that grief...or...how would I explain it? Like it just delayed the grieving process, slowed down the stages, if you will. And in some cases, didn't make the stage possible." [Participant 17]

Emotional Experiencing

Participants experienced a wide range of emotions during the pandemic, including anger and frustration over inconsistent government messaging on public health measures and disruptions to Métis traditions, like the cancellation of the 'Back to Batoche' gathering. Fear of contracting the virus and spreading it to vulnerable populations led to isolation and behavioral changes like hypervigilance and hesitancy to attend large gatherings or public events. Participants in rural areas reported feeling less fear compared to urban residents due to lower population density and different attitudes toward the virus.

"I didn't like that they were imposing vaccinations in order to reopen the province. So, it kind of... It almost like created animosity towards people who were against getting vaccines, because I wanted to go back to work. So, it was very frustrating that I recognize that there was a portion of the population who didn't want to get vaccinated. And I understand that they have their reasons as well. But I just wanted to... I just wanted to get back to work. [Participant 6 laughs]. And to, like, a normal life. So, it's just a lot of unfairness, I guess, that I experienced." [Participant 6]

Many participants felt overwhelmed by life events, such as birth, death, and health challenges, compounded by the loss of family support and coping mechanisms. Grief was common, not just for lost loved ones but also for changing relationships and the loss of pre-pandemic normalcy. Feelings of hopelessness and helplessness were also common due to job losses, COVID-19 restrictions on hospital visits and caregiving, and seeing loved ones struggle. However, some found relief as restrictions eased, vaccines became available, and they could avoid visits with family members whom they had strained relationships with.



"At the beginning I was hopeful that there would be an end in sight. You know that this miracle drug would appear, and this would all just disappear. But now it's like, no, like this is just normal, and I have to figure out how to deal with it and live with it and live with all the fear that comes with that." [2S circle]

Interconnectedness

Participants described feelings of disconnection from family, community, and across generations due to COVID-19 restrictions. Grandparents were less involved with grandchildren, and new parents lacked traditional family support, leading to a sense of missing out. Social isolation worsened mental health, especially for those who valued socializing or intergenerational connections.

"It was difficult, because my wife is very social. She likes to be out with people in the community and I am the opposite. And so Covid was actually helpful in a way that I could be more introverted and not be out in the public. But it really impacted her mental health. Not being able to do the things that she always has done, or even just being able to interact with the kids. We only have one left at home and the rest are adults, but not being able to connect with them on, you know, meaningful dates at all. So that was very difficult." [2S circle]

Daily life disruptions, such as transitioning to online work or school and sharing home spaces with more family members, increased anxiety, financial stress, and feelings of isolation, but also fostered stronger family connections and personal growth. Tensions emerged over differing beliefs on COVID-19 precautions, leading to strained relationships and distrust.

"In the community, it's more the, you know, the people that...even at my work, I see it all the time... it's the people that, you know, "We got to be careful. We don't want this to happen again." And then we got the other people are like, "You guys are stupid. This isn't even a real thing" like the conspiracy theorists. So, in the community, I see the people that care about not having this happen again, and the ones that don't." [Participant 8]

Rural isolation and safety concerns of spreading the virus deepened mental health struggles. Despite virtual tools like Zoom offering some relief, a lingering sense of isolation persisted even as restrictions eased, with many finding it harder to make plans or feeling cautious about gathering. For some, particularly Two-spirit folks, resilience and self reliance were key in navigating the challenges and uncertainties brought on by the pandemic.

"It really isolated me. Yeah, everybody's terrified of getting me sick. So, they would rather step away then come. For example, to see me, or something like that, "Well, we might give you COVID. We might give you COVID." Yeah, but would you rather you didn't see me, and something happens? or we take a chance and say to hell with it? I'm tired of the bubble like in that way." [Participant 2]

Métis Wellness - Cultural

Participants supported their cultural well-being by embracing Métis culture, community, and connections with Elders and the land. Virtual programs and community groups like the Wise Ones or Métis mom group helped maintain social ties, offering emotional support, cultural wisdom, and a sense of belonging, although the lack of in-person gatherings left some feeling disconnected. Engaging in Métis cultural practices such as beading, garment making (e.g., making mittens), Michif language revitalization, and intergenerational learning strengthened resilience and mental health. Additionally, connecting with the land through activities like hiking, fishing, hunting, and nature walks provided grounding and reflection, helping participants manage anxiety and maintain well-being.

"They also really appreciated the sense of community that these events, where we would have people come out and pick up their food hampers, and we'd have the Council there, we'd have music playing, to just try to give people that sense of culture and community when they came to pick up their food hampers." [Participant 18]

Métis Wellness - Mental and Emotional Health

Participants supported their mental and emotional well-being during the pandemic through a variety of strategies, including caring for animals, which encouraged physical activity and improved mood, as well as staying busy with work, hobbies, volunteering, or community involvement to manage stress. Coping mechanisms included engaging in hobbies like knitting, crocheting, crafts, baking, taking long walks, balancing workloads, setting boundaries, shifting perspectives/mindsets, and participating in online support groups like Alcoholics Anonymous. Mental health often fluctuated with pandemic restrictions, life events, and escapism activities such as watching TV or being on social media. Social connections were maintained through virtual platforms like Zoom and Facetime, interactions with neighbors, and participation in community groups or activities such as church choirs. Family support played a vital role, with increased communication and time spent together strengthening spousal relationships and deepening bonds with children, helping each other navigate challenges and maintain emotional well-being.

"I'm not ashamed to say that we have a pool, and I leveraged that ... There's one family in particular. They just live up couple of doors up the street. They have kids around the same age as our son, and he being [the] only child, that was really concerned for him, you know, especially as he showed signs of depression. But he's got to have other kids to talk to him play with him. I got to know them. I made a constructed effort to become friends, and made sure that first summer, that they were felt welcome to come over and use the pool so the girls could go swimming in a private environment. I didn't even intrude. I just let them have the pool, and they could swim. And so we got to know each other a bit that way and we've become great friends, so it's successful. ... We bubbled with them a few times. So just really, actively looking for the connection that felt right for me and making sure that that happened so that was a big one." [Women circle #1]



Métis Wellness - Mental Health Service Use

Participants navigated mental health challenges during the pandemic through various strategies, including accessing professional services like virtual therapy, though experiences varied. Many experienced worsened symptoms of pre-existing conditions, such as PTSD, anxiety, and depression, which were exacerbated by isolation, grief, and disrupted routines.

Métis Wellness - Stress

During the pandemic, participants experienced a range of stressors, including housing challenges, financial struggles, and work-related pressures. Poor housing conditions, financial difficulties, and confusing government support programs added to the strain. Work stress was particularly intense for those in demanding fields, leading to burnout and job insecurity. Many experienced job losses, reduced hours, or chose to quit or retire early due to COVID-19 concerns, further straining finances through lost income or unexpected debt. Students faced added stress from transitioning to online learning and discussions around Métis identity in academic settings. Re-entry anxiety (i.e., going back to work in-person) and work disruptions also added to the overall burden.

“Going to work became like a very stressful thing for me. So, day in, day out, was very stressful. I had to go on like a stress leave for a little while, and an unpaid leave of absence after that as well, just to like from my perspective, be safe. And also to just not deal with the stress of going into work every day and having to think, “Oh, am I going to get this illness and pass it on?” Or whatever. So, the first couple of years were difficult.” [Participant 18]

Métis Wellness - Physical Health

Participants faced various physical health challenges during the pandemic, including severe COVID-19 illness, long COVID symptoms, other chronic illnesses, and dementia progression, which were either triggered by contracting COVID-19 or worsened by delayed treatment due to healthcare system disruption. Despite these challenges, many adopted healthier lifestyles through exercise, walking, swimming, and mindful eating, which improved physical health and provided social outlets despite challenges like gym closures.

“Yeah, the fitness - walking, yoga. The cooking and baking were a lot of fun. So those, I think all of those were things that improved as a result from the pandemic.” [Participant 6]

Métis Wellness - Spiritual Health

Participants emphasized the importance of spirituality and cultural practices in maintaining wellness during the pandemic. For some, Catholic faith, prayer, and attending church activities provided strength, while others relied on Indigenous spiritual practices such as smudging, healing circles, sacred fires, and connecting with Creator, ancestors, and the land. The pandemic disrupted access to ceremonies and time with Elders and Senators, though virtual ceremonies offered some support. Spirituality, particularly Indigenous practices, was a key component of wholistic wellness for many and engaging in ceremonies was seen as healing and bond-strengthening.

“But it was someone from another community council, who’s a 2-spirit ... had suggested, led me to this traditional healer in [location]. And so, you know, I see that as kind of a...it wasn’t a direct MNO thing, but it was because of the MNO that I was put in this direction and it has changed my life, you know, in a very wonderful way.” [Participant 15]

Wellness within the Family and Kin Networks

Many participants took on caregiving responsibilities for family members or had a caregiver, which brought both stress and support, such as grandparents looking after grandchildren. Social disruptions strained some relationships due to differing views on COVID-19 safety precautions, leading to conflict or separation, though others found opportunities to improve relationships through increased found and shared time. Children’s mental health was a significant concern, with isolation from peers contributing to social anxiety, rebellious behaviors, and depressive episodes, requiring professional intervention. Parents, particularly mothers, struggled with stress over their children’s well-being and enforcing COVID-19 restrictions with teenagers. While some families used therapy and virtual platforms like Zoom and Facetime to cope, the lack of peer connections remained a challenge, affecting the emotional well-being of both adults and children. Virtual platforms were seen as a helpful alternative to in-person contact, since that was not possible at the time, but was ‘not the same’ as spending time in-person.

“I mean, if I’m worried about my son, I’m not at ease. I’m not comfortable and happy, and it had a positive net effect for myself too, because seeking therapy for him, really put it front and center that I don’t feel like I have the tools to help him. I need those tools too, and like made me realize that that I really need to also be in therapy. So yeah, it’s been a good thing.” [Women circle #1]



PART 2: OVERVIEW

Comparing Mental Health and Addiction Outpatient Visits Before and During the COVID-19 Pandemic for Citizens of the Métis Nation of Ontario.

The second objective of the study looked at how many mental health and addictions-related outpatient visits MNO citizens living in Ontario had before and during the COVID-19 pandemic. To do this, all citizens registered with the MNO as of November 2022 linked to their Ontario Health Insurance Plan (OHIP) visits between January 1, 2017, and December 31, 2022. OHIP data includes visits to healthcare providers such as a pediatrician, family physician, psychiatrist, or nurse practitioners for mental health and addictions-related care. Visits before February 2020 were called pre-COVID-19, and those after were called post-COVID-19.

Did you know?

For 15 years now the MNO and ICES (formerly the Institute for Clinical Evaluative Sciences), a not-for-profit research institute that holds all administrative health data for the province of Ontario, have worked together on health data linkage studies like this one under a Data Governance and Sharing Agreement. This agreement enables linkage of the MNO Citizenship Registry with Ontario healthcare data to understand Métis-specific health.

Outcome Measure

The main outcome of the study was the count of mental health and addiction outpatient visits. These visits were grouped into broad categories based on the diagnosis or the primary medical condition recorded at each visit by health care providers. The categories included: mood and anxiety disorders, substance use disorders, schizophrenia spectrum and other psychotic disorders, and other diagnoses (such as trauma-and stressor-related disorders, obsessive compulsive disorder and related disorders, personality disorders, and intentional self-injury).

SUMMARY OF RESULTS

Description of MNO Citizens Included in the Study

There were 28,400 MNO citizens included in the study. The average age of MNO citizens included in the study was 43 years. Figure 1 shows the distribution of age groups. MNO citizens included in the study were evenly split in terms of male and female sex at birth. Most (69%) MNO citizens included in the study lived in urban areas and 28% lived in rural areas throughout Ontario and there was a fairly even distribution among area-level income quintiles shown in Figure 2. Of the MNO citizens included in the study, approximately one third (31%) had at least one mental health and addictions-related outpatient visit in the period before the COVID-19 pandemic (January 2017 to February 2020).

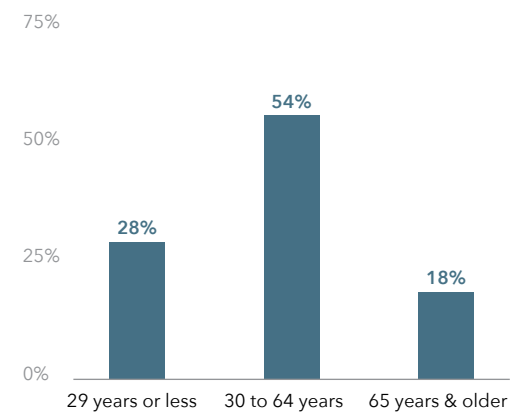


Figure 1. Age distribution of the 28,400 MNO citizens registered with the MNO as of November 2022 and linked to their outpatient visits for this study.

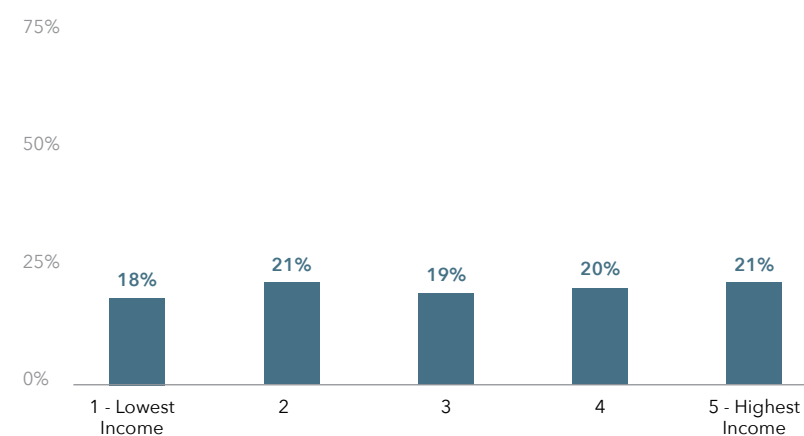


Figure 2. Area-level income distribution of the 28,400 MNO citizens registered with the MNO as of November 2022 and linked to their outpatient visits for this study.

Main Findings

Overall, mental health and addiction-related outpatient visits were 13% higher than expected during the COVID-19 pandemic (March 2020 to December 2022) compared to before the pandemic (January 2017 to February 2020). Specifically, before the COVID-19 pandemic, the monthly visit rates were 47.4 per 1,000 people. During the pandemic, this rate increased to 52.8 per 1,000 people. The biggest increases in mental health and addiction-related outpatient visit rates were seen in female MNO citizens and MNO citizens who were 65 years or older. For female citizens, the rate was 18% higher than expected, while for those 65 years or older, it was 47% higher than expected. The largest increase was seen in female MNO citizens aged 65 years and older, with their monthly visit rates 54% higher than expected.

As part of the study, we explored the increases in the type of mental health and addiction-related visits and the monthly visit rates increased for these categories:

- Mood and anxiety disorders - 12% higher
- Schizophrenia spectrum and other psychotic disorders - 9% higher
- Substance use disorder - 2% high
- Other diagnoses - 35% higher

Among seniors (65 years and older), females had the biggest increase in visits for mood and anxiety disorder, substance use disorder, and schizophrenia spectrum and other psychotic disorder. While men in the same age group saw the largest rise in visits for the other types of diagnoses.

STRENGTHS AND LIMITATIONS

One of the key strengths of this study is that it is the first to explore how the COVID-19 pandemic affected the mental health of Métis people in Ontario. Using outpatient visits, which is data that is routinely collected by the Ontario healthcare system (through OHIP) was also a strength as we were able to include the entire MNO citizenship. Combining these quantitative findings with the stories and experiences from MNO citizens in sharing circles and interviews was also a strength as this method allowed for the prioritization of a Métis worldview. Contributing to this strength was having MNO citizen researchers who facilitated the interviews and circles plus led the qualitative analyses.

The study also has some limitations. Most participants in the sharing circles and interviews were women, with fewer younger people participating. This means the experiences of MNO youth and men during the pandemic may be underrepresented. In addition, due to the sensitive nature of the discussions, more participants opted for interviews than sharing circles. While interviews provided in-depth insights, sharing circles could have increased the breadth of the discussion by generating more ideas among MNO citizen participants. Finally, we only had data on sex assigned at birth for outpatient visits, so we were unable to examine differences related to gender in mental health and addictions-related outpatient visits during the pandemic in the second part of the study.

CONCLUSION

This is the first Métis-specific study to explore how the COVID-19 pandemic impacted mental health and well-being. Our findings show that MNO citizens experienced an increase in mental health and addictions-related outpatient visits during the pandemic, with the largest increase seen among women and seniors. In addition, from the stories shared by MNO citizens in interviews and sharing circles, it was clear the pandemic disrupted many aspects of daily life for MNO citizens, as well as the traditional Métis and Western health and social systems they rely on for well-being. Participants' mental health journeys during the pandemic were diverse and were influenced by many factors. Yet, despite these challenges, MNO citizens often found ways to stay positive and demonstrated strength and resilience during difficult times.

Theme	Code	Description
COVID-19 Induced changes to systems and services		
	Disruptions to medical care, mental health care, and justice services.	Discussion of changes to access to services or experiences with services during COVID-19 for themselves or others.
	Increased vulnerability	Experiences of not being able to afford rent or food or other cost of living expenses for themselves, family or observations within their community.
	MNO/Indigenous organization supports and programs	Discussion of programs used, or community reached through MNO or another Indigenous organization.
	Technological adaptation	Discussion of transition to technology for connecting with others, working, learning, etc.
	Vaccine discrimination/ anti-Métis racism	Discussion of issues receiving a COVID-19 vaccine due to being Métis.
Death and Dying		
	COVID-19 related death	Death of family or kin or in community related to COVID-19.
	Death unrelated to mental health and addiction	Death of family or kin or in community unrelated to mental health and addiction (i.e., heart attack, old age, etc.).
	Mental health and addictions related death	Death related to mental health and addictions of family, kin, or in community (i.e., overdose, completing suicide).
	Trauma/collective grief	The inability to properly grieve loved ones due to not being able to complete the rituals of death such as burying a loved one and holding a funeral. Witnessing mass death on the news or in a community.

Emotional experiencing		
	Anger or frustration	Expressing anger or frustration that they were dealing with during
		COVID-19 or as a result of COVID-19 restrictions.
	Fear/unease/paranoia	Expressing a sense of feeling overwhelmed due to the added challenges introduced by COVID-19 restrictions to go about daily life and feel a sense of normalcy or of the many events that were happening nationally and internationally during different stages of COVID-19.
	Grief	Expressing grief for the death of loved ones, changing relationships, and how society used to be prior to the COVID-19 pandemic.
	Hopelessness/helplessness	Feeling a sense of hopelessness or helplessness due to the onset of the COVID-19 pandemic and the uncertainty it created and being unable to support family and kin the way you normally would pre-COVID restrictions.
	Relief	A sense of relief at the development of a vaccine, accepting a vaccine, getting COVID-19 and not being seriously ill, and the lessening of restrictions.
Interconnectedness		
	Disconnection	Being disconnected from loved ones and community (i.e., not being able to socialize and visit as you normally would).
	Disruption	Disruption to daily or normal routine such as not being able to attend ceremony in person (i.e., sweats, healing circles) or places like the gym or work.

	Division	A polarization or tension in relationships, families, communities, due to attitudes and behaviours surrounding COVID-19 restrictions and safety measures (i.e., social distancing, masking, accepting a vaccine).
	Isolation	Feeling a sense of isolation or imposing isolation on oneself due to a fear of contracting COVID-19 or from the COVID-19 restrictions. This can be one's own experience or observations of family members or kin.
	Self-reliance	A reliance on oneself to get through the pandemic which is a skill developed from prior life experience.

Métis Wellness

Cultural wellness	Connecting with Elders	Making a connection or re-connecting with an Elder as a way to support one's wellness during COVID-19.
	Connecting with Métis community	Maintaining a connection or purposefully connecting with the Métis community through programming and events as a way to support one's wellness during the COVID-19 pandemic.
	Connecting with the land	Connecting with the land through Indigenous spiritual practices (i.e., spending time with water) or harvesting (i.e., hunting, fishing, gathering) or spending time on the land (i.e., retracing ancestor's paths).
	Re-connecting with or practicing Métis culture	Learning or continuing to practice Métis culture (i.e., learning Michif, beading, finger weaving, garment making, etc.). Harvesting is coded under connecting with the land.
Emotional health	Animal companion	Discussion of relationship or time spent with one's animal companion or observations of the impact an animal companion has had on family or kin to support wellness.

	Keeping busy	Taking on new hobbies or activities or throwing oneself into some form of work or passion as a distraction from COVID-19 and to support wellness.
	Socializing	Spending time socially with neighbours or in groups to support wellness.
	Family support	Depending on the emotional support of family members to deal with the social disruption brought on by COVID-19 or to deal with life events happening during COVID-19.
Mental health	Accessing professional mental health services	Disclosing the use of professional mental health services prior to and/or during COVID-19 to support mental health.
	Addictions support groups (AA, Al-Anon, NA)	Disclosing one's attendance to an addictions support group as part of their wellness routine that was important to maintaining wellness during COVID-19.
	Building mental resiliency	Changing one's mindset to block out triggers and anxiety inducers to maintain or develop a more positive outlook and maintain wellness.
	Changes to mental health during the COVID-19 pandemic	Disclosure of changes to mental health during the COVID-19 pandemic. This can be improvements, worsening, or roller-coaster experiences.
	Coping practices	What participants used to cope with the disruptions imposed by the COVID-19 pandemic.
	Intergenerational trauma	Discussion of intergenerational trauma in relation to healing or behaviour changes during the COVID-19 pandemic.
	Mental illness, disorder, or addiction	Disclosure of a pre-existing or new diagnosis or instance of a mental illness, disorder, and/or addiction.

Stress		Describing a situation as 'stressful'.
	Job stress	Stress induced by employment-related circumstances (i.e., being let go, quitting, taking early retirement, losing hours).
	Financial stress	Stress from by financial circumstances often related to employment and increased cost of living, both a result of the COVID-19 pandemic.
	School stress	Stress from being in higher education while also experiencing a pandemic.
Physical health	Changes to physical health	Changes to physical health from illness or acquired disability that happened during the COVID-19 pandemic.
	COVID-19 illness, long COVID, reactions to or ineligibility for COVID-19 vaccine	Discussion of one's experience or the experience of kin the COVID-19 illness, long COVID, or COVID-19 vaccines.
	Exercise and nutrition	Discussion of exercise and/or nutrition as a way to support one's wellness during the COVID-19 pandemic.
Spiritual health	Christian spiritual practices	Discussion of Christian spiritual practices to support one's wellness during COVID-19.
	Engage in ceremony	The act of engaging in Indigenous ceremonies as a way to support one's wellness.
	Indigenous spiritual practices	Indigenous spiritual beliefs and practices used to support wellness (i.e., ancestors, smudging, praying, giving thanks, etc.).

Wellness with the family and kin network		
	Caregiving	Taking on or continuing caregiving responsibilities for family members and kin. Does not include youth under 18 unless it is a circumstance of adoption within the family.
	Changing relationships	The improvement, straining, or dissolution of a relationship (marriage, friendship, partnership, familial relation, etc.) during the COVID-19 pandemic with or without a direct influence from the circumstances created by the COVID-19 pandemic.
	Child and youth mental health	Discussion of the mental health and wellness of one's children or children within their family or kin network.
	Maternal mental health	The impact of children's mental health on mother's mental health and the increased burden placed on mothers during the pandemic (housework, childcare, working, etc.).
	Mental un/wellness of kin	Observations of the mental wellness of unwellness of family members and kin during the COVID-19 pandemic.

