BEST BRAINS EXCHANGE REPORT

MENTAL HEALTH OUTCOMES AND IMPACT ASSESSMENT

The Knowledge Translation Strategy Unit,
Canadian Institutes of Health Research
in collaboration with
Science Policy Division,
Impact Assessment Agency of Canada

FEBRUARY 26TH, 2020
INNOVATION ROOM, 14TH FLOOR
160 ELGIN STREET
OTTAWA, ONTARIO

Evidence on Tap
Best Brains EXCHANGE

CIHR IRSC
Canadian Institutes of Health Research
Instituts de recherche en santé du Canada

Impact Assessment Agency of Canada
Agence d'évaluation d'impact du Canada

WEDNESDAY, FEBRUARY 26TH, 2020

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1. Executive Summary

On February 26th, 2020, the Impact Assessment Agency of Canada (IAAC) and the Canadian Institutes of Health Research (CIHR) hosted a Best Brains Exchange (BBE). The BBE brought together experts from federal departments, health researchers, industry representatives and practitioners to discuss how best to consider mental health outcomes in impact assessment of major projects in Canada. The BBE provided the opportunity for participants to share their expertise on the mental health issues that arise within the context of major projects and to generate dialogue on how consideration of mental health issues can be better incorporated into impact assessment policy and practice.

The specific objectives of the BBE were to:

- Develop recommendations on best practices, tools and methods to assess mental health outcomes in IA;
- Discuss evidence on key mental health indicators of relevance to Impact Assessments (IA) including indicators for diverse subgroups of people such as men, women and Indigenous peoples;
- Assess evidence gaps and areas for future research; and
- Create a network of expertise to support project assessments.

To orient the BBE discussion, four researchers with broad expertise in areas such as impact assessment, measurement and indicator development, Indigenous health and the environment presented their work. Then, a facilitated discussion between all participants focused on the meeting objectives and participants' collective expertise followed.

Outcomes of the BBE included:

- New networks of expertise that support development and implementation of comprehensive health assessment of major projects designated under the *Impact Assessment Act*;
- Identification of key mental health issues that are relevant to impact assessment; and
- Best practices for the inclusion of mental health issues in impact assessment.

Highlights of the discussion included:

- The need for accurate baseline data is critical to studying intended and unintended impacts on communities.
- Thorough contextual knowledge and understanding of communities is necessary for meaningful engagement and study.
- Indigenous specific indicators of mental health and well-being (e.g., cultural continuity, connection to land) must be community-led and included in the IA process.

- Diverse populations (LGBTQQ2S+ and disabled peoples) require unique and proactive engagement strategies to compensate for gaps in data.
- The mental health and well-being of workers was discussed as a key data and information gap in understanding community well-being.

- Ideally, indicators of mental health and well-being will be tracked over time and take into account the life course of community members, from childhood to adulthood.
- It may be necessary to measure the impact of engagement under the impact assessment process itself on mental health and well-being, especially as it relates to induced trauma or "engagement fatigue" in communities;
- Regular monitoring may be needed to manage induced mental health impacts (e.g., stress, trauma) from engagement conducted by proponents and governments. Supports for community-based monitoring, provision of support services and training for staff conducting engagements may be required;
- Consideration needs to be given to existing mental health challenges and strains on social services infrastructure in host communities, this may include practitioner burn-out when populations increase with workers.
- Professional accreditation for practitioners assessing social impacts (and mental health) might be necessary to ensure that assessments are ethical, inclusive, and intersectional. Discussions highlighted that when assessing social and mental health impacts with Indigenous peoples, accreditation needs to be accompanied by co-development and partnership from Indigenous leadership, organizations, governments and communities.
- Related to discussions about co-development and partnerships was the recognition of the importance of community governance structures and respect for these structures by external parties as important to community well-being.

2. Best Brains Exchange Overview

Best Brains Exchange Program Overview

CIHR's mandate includes the creation of new scientific knowledge and enabling its translation into improved health, health services and products, and a strengthened Canadian health care system. The BBE program is one of many platforms that CIHR has to achieve its mandate to facilitate the movement of research into action. The BBE program is a one-day, in-camera meeting for researchers, policy makers and other relevant, key partners. With a focus on a policy maker- identified health policy issue, participants are invited to BBEs to hear and share high-quality, timely and accessible research and implementation evidence and experience that is of immediate interest and use to policy makers. The BBE follows a deliberative dialogue model where a solution to a policy issue is not the intended immediate outcome, but rather next steps and recommendations are considered with the intention to move a policy issue forward.

Policy Background

Prior to the *Impact Assessment Act* (IAA), the assessment of major projects in Canada at the federal level focused on potential environmental impacts on biophysical features such as air, water, forests, and related topics such as biodiversity and species at risk; while impacts on social, health and economic factors were considered only in the context of Indigenous communities. With the coming-into-force of the IAA in August 2019, new requirements for the assessment of

major projects include health, social, and economic impacts for both Indigenous and non-Indigenous communities. Generally, the scope of an impact assessment is now broader and the assessment of health effects should include a holistic perspective on health that moves beyond biophysical concerns to include mental health and well-being.

Policy Context

The IAA requires the assessment of potential health, social, and economic effects of major projects for both Indigenous and non-Indigenous communities. The assessment of health effects may follow a 'Determinants of Health' approach that takes into account individual, community, and social factors that contribute to health including nutrition, access to health services, employment, education, culture and more. Within the assessment, health may be conceptualized broadly to include mental health and well-being and to extend beyond biophysical outcomes such as disease and illness. IAAC, with support from federal expert departments such as Health Canada, the Public Health Agency of Canada and Indigenous Services Canada, is responsible for developing policy and tools to support proponents (those seeking to build a project) and practitioners (those conducting an assessment) to adequately assess the full scope of potential health effects of project including mental health and well-being. The IAAC is also actively engaging with the research community to leverage evidence and expertise to inform impact assessment practice and advance methods and tools.

Best Brains Exchange Objectives

The BBE aims to:

- Develop recommendations on best practices, tools and methods to assess mental health outcomes in IA;
- Discuss evidence on key mental health indicators of relevance to IA including indicators for diverse subgroups of people such as men, women and Indigenous peoples;
- Assess evidence gaps and areas for future research; and
- Create a network of expertise to support project assessments.

Meeting Participants

The BBE was organized by IAAC and CIHR to engage federal departments, public and environmental health researchers, industry representatives and practitioners (see Annex Two for Participant List).

Format of the Best Brains Exchange

The BBE was organized in a format that encouraged active participation during presentations and discussions. Half of the day was dedicated to presentations that highlighted the role of research and practice in improving the assessment of mental health outcomes in IA. The afternoon session was dedicated to discussions that focused on best practices, context, research gaps and development requirements, and recommendations to improve policy and practice.

3. Summary of the Best Brains Exchange Meeting

Welcoming Remarks by Brent Parker, Acting Vice-President, External Relations and Strategic Policy Branch, Impact Assessment Agency of Canada.

On behalf of CIHR and IAAC, Brent Parker welcomed participants to the BBE and acknowledged that the meeting was taking place on the traditional and unceded territories of the Algonquin nation. He provided an overview of the Agency's work and new responsibilities under the IAA, and thanked all participants for travelling to Ottawa and sharing their knowledge. He introduced both the facilitator, Dr. Erica Di Ruggiero, Director of the Office of Global Public Health & Associate Professor at the Dalla Lana School of Public Health, University of Toronto, and the next speaker, Dr. Miriam Padolsky, Director of Science Policy, External Relations and Strategic Policy Branch, Impact Assessment Agency of Canada.

Policy Context by Dr. Miriam Padolsky, Director of Science Policy, External Relations and Strategic Policy Branch, Impact Assessment Agency of Canada.

Dr. Miriam Padolsky provided an overview of the IAA, its supporting policies, the impact assessment process, and the role of evidence-based research in the Agency's work. Dr. Padolsky spoke to the expanded scope of the IAA and the various guidance and policy documents that the Agency has produced to support this process. She invited participants to provide comment and feedback on the interim documents that are posted on the Agency's website.

Discussion:

A question-and-answer period followed Dr. Padolsky's presentation. Discussion focused on aspects of the phases of assessment and how the IA process relates to potentially impacted communities and the general public. The discussion also focused on the relationship between the Impact Assessment Agency of Canada and other environmental review boards such as those in Nunavut and the other territories.

Roundtable of Introductions & Review of Objectives facilitated by Dr. Erica Di Ruggiero, Director of the Office of Global Public Health & Associate Professor at Dalla Lana School of Public Health, University of Toronto.

Dr. Erica Di Ruggiero began the day with roundtable introductions and overview of the day's objectives. Participants were reminded that the meeting and discussions were in-camera; however, a meeting report would be developed but would not attribute statements to individuals.

Presentations

Do You See My World? By Dr. Diane Lewis, Assistant Professor, Department of Geography/Indigenous Studies Program, Western University

Dr. Diane Lewis discussed the intersection between environmental and mental health in the context of the Pictou Landing Mi'kmaq community's experience with Boat Harbour – originally a tidal estuary that Pictou Landing called A'se'k, which was destroyed by effluent from a nearby pulp mill. Since 1967 the community of Pictou Landing has felt both the negative physical and mental health impacts from the pollution of the harbour, which in Mi'kmaq culture, is a sacred place. Community-led engagement activities that provided a forum for cultural revitalization and sharing of knowledge between generations were emphasized in the context of non-Indigenous stakeholders learning the extent of mental health outcomes in the community (including chronic stress, worry, and anxiety) so that activities would respect and prioritize community well-being first and foremost. Discussions emphasized that non-Indigenous stakeholders need to work to learn about the communities they are working with and not expect to be taught. Since mental health can defy standard impact assessment practices, social learning through observation to respect the insights of traditional knowledge can support the development of more systematic approaches to identifying, verifying, and addressing the issue within impact assessments. It is important to facilitate conceptualization and translation in local languages that more principally reflect Indigenous worldviews Dr. Lewis's work in Boat Harbour demonstrated that Elders were more open to discussion and participation conducted in their native Mi'kmaq language.

Discussion:

The plenary discussion held after Dr. Lewis' presentation highlighted the importance of data and data-collection with respect to First Nations, Métis, and Inuit populations. A persistent challenge in collecting health data is the lack of baseline data reflecting community health priorities, so that it is difficult to measure the magnitude of change. When seeking information on health in these communities, many participants noted how Indigenous leadership of the process has been demonstrated to be the most effective and appropriate. However, as trauma can re-surface in this process, a resource for resilience in Indigenous communities would be having dedicated mental health services available on site to provide support. Importantly, participants highlighted that there may be high levels of both resilience and trauma in communities and a lack of services. Through the impact assessment process, governments and proponents may need to provide services or support provision of services in accordance with the needs and aspirations identified by communities. Lastly, understanding impacts of mental health outcomes should be considered from multi-faceted Indigenous perspectives, especially as they relate to women and two-spirited people, as western notions of gender can be harmful when applied in the wrong context.

(Un)Intended Consequences? Considering Intersectionality Omissions in Impact Assessment. By Dr. Heather Castleden, Canada Research Chair in Reconciling Relations for Health, Environments, and Communities, Queen's University

Dr. Heather Castleden provided a presentation on issues and systems of power that need to be recognized in mental health and impact assessment so that historical patterns of colonial, racist and discriminatory behavior and structures can be challenged. Dr. Castleden also discussed intersectionality[1] in the context of settler colonialism[2], heteropatriarchy[3], and hierarchical feminism[4]. Together these mentalities work to (re)enforce beliefs, attitudes, and expectations by practitioners, governments, and public communities that are detrimental to the health outcomes of Indigenous communities. For this reason, assessing mental health must take into account the long-standing harm of these worldviews and work to overcome them in the impact assessment process. Such work must begin with non-Indigenous individuals un-learning and unsettling themselves, and respect that "nothing about us, without us" is key to impactful working relationships with Indigenous peoples. Such work with Indigenous communities must be culturally relevant, which is only achieved when the communities themselves lead the process with free, prior and informed consent. Non-Indigenous peoples evaluating mental health for impact assessments should strive to become relationally-involved spending time in communities, listening and unlearning, before commencing work.

Discussion:

The discussion following Dr. Castleden's presentation focused on the best ways to support intersectional, historically conscious work in contemporary times. First, moving away from a paradigm of 'helping' Indigenous communities to 'respecting' communities is an essential place to start because it emphasizes respect for their knowledge, history, and resilience, as opposed to reinforcing a power-dynamic of support. Second, just as help versus respect carries connotations, so too does 'blind spot' for blind communities (hence, the request from Dr. Castleden to change the title of her presentation for this report, to remove the reference to "blind spots"). Approaching our unlearning with humility, and challenging terms that are commonplace but are unwittingly hurtful when used to reference different abilities as deficits, is an important way to unsettle ourselves and approach learning as a life-long endeavor. Third, conducting this work can give rise to feelings that are unsettling, but this is an important stage to get to and practitioners should not avoid it. Embracing uncomfortableness in the process leads to better learning.

Mental Health and Impact Assessment: Insights from the Canadian Provincial North. By Dr. Christopher G. Buse, CIHR Postdoctoral Fellow, Centre for Environmental Assessment Research, University of British Columbia; Adjunct Professor, School of Health Science, UNBC; Adjunct Professor, Norther Medical Program, Faculty of Medicine, UBC

[1] Intersectionality, a term coined by Kimberle Crenshaw (1989), recognizes that multiple aspects of identity (e.g., gender, ethnicity, sexual orientation) intersect and combine to create unique experiences of oppression and discrimination.

[2] Settler colonialism is a specific form of colonialism in which settlers occupy lands with the intent to claim sovereignty by denying the existence of Indigenous peoples and their rights to the lands.

[3] Heteropatriarchy describes a system of power where white, cisgender (felt and lived gender is the same as person's sex at birth), heterosexual, males have authority over people with of other genders and sexual orientations.

[4] Hierarchical feminism is a term that highlights that feminist approaches mirror hierarchies of power in societies which prioritize equality rights for white, middle class heterosexual women.

The presentation by Dr. Christopher G. Buse focused on work by the Environment and Community Health Observatory (ECHO) network in Northern British Columbia. The ECHO network is a collaborative network focused on understanding the health effects of resource extraction. Dr. Buse focused on Northern British Columbia, an area characterized by its rural-ness, remoteness, and reliance on natural resource extraction. His presentation highlighted the qualities of robust indicators for health in impact assessment, emphasizing that social science methodologies should be highlighted and implemented on a more frequent basis. He also emphasized the importance of "ground-truthing" desktop data so that they are relevant and factual to the impacted community. This requires mechanisms and processes to help identify and define indicators that are relevant to the community at hand.

Discussion:

Participants responded to Dr. Buse's presentation by discussing the importance of ensuring that community engagement or groundwork engages all populations in the community by removing barriers to participation, such as providing childcare. It was also discussed that participation should be voluntary and not onerous, since participation itself can be burdensome. Dr. Buse responded to questions about access to data and a large project focused on population health indicators in northeastern British Columbia. Discussions about data also questioned how data is collected on the mental health and well-being of workers. The mental health challenges working in the sector were acknowledged as was the importance to host communities of a mentally well workforce. There was further discussion of the importance of linking impact assessment indicators to public health surveillance systems, such as those within Northern Health regional health authority who partner with ECHO, to support ongoing epidemiological and programmatic work. Finally, when engaging with Indigenous people it is important to follow OCAP® principles of ownership, control, access, and possession. Importantly, OCAP® principles were developed by and for First Nations people and thus may not be applicable to all Métis, Inuit or other Indigenous groups.

Developing Indicators of Mental Well-Being By Dr. Margo Greenwood, Professor, First Nations Studies, University of Northern British Columbia**;** Academic Leader, National Collaborating Centre for Indigenous Health

Dr. Margo Greenwood began her presentation on the premise that there are a number of knowledge systems, not just the binary between 'western science' and 'Indigenous knowledge'. In the context of discussing one particular knowledge system, that of Indigenous knowledge, it is important to understand that it is based on a distinct and unique relationship between the land and living beings. In other words, there is a direct, causal pathway between mental wellbeing and access to land. Furthermore, Dr. Greenwood defined a holistic assessment as being one that 1) defines concepts holistically; 2) engages community; 3) creates space for various voices; 4) understands that individuals are embedded within a collective; and 5) builds partnerships with communities, health authorities, and NGOs, among others. Supporting holistic assessments require community-specific determinants, so if the community is Indigenous, impact assessment practitioners should utilize indicators for determinants specific to Indigenous peoples. She also

highlighted the importance of rigorous qualitative methods to build this context and to understand the lived experiences of communities.

Discussion:

Following Dr. Greenwood's presentation, responses spoke to the number of ways that Indigenous knowledge can supplement and improve upon scientific knowledge for community mental health during an impact assessment. Additionally, further examples described the depth of evidence on the relationship between the land and mental well-being for Indigenous peoples. The discussion also brought to light the importance of building Indigenous knowledge into the research design; otherwise, the approach may not capture community values and knowledge. Such an approach would help identify cause-and-effect relationships that affect community well-being in ways not previously anticipated. Lastly, the discussion highlighted important sources of Indigenous knowledge, including both women and youth councils.

Plenary Discussion facilitated by Dr. Erica Di Ruggiero

Dr. Di Ruggiero introduced the two questions that would guide the plenary discussion:

1. A. Based on your knowledge and the insights and evidence shared today, which mental health indicators are most relevant to project impact assessment, and therefore, should be prioritized – keeping in mind the well-being of diverse subgroups including:
    i. Men, women, and gender-diverse peoples;
    ii. Racialized peoples; and
    iii. Indigenous peoples.

    B. How do we develop a systematic, flexible and intersectional approach that addresses contextual factors (e.g., socio-economic, determinants, culture, safety, and risk factors, gender, geography) in assessing mental health outcomes in project impact assessments?

2. Are there critical knowledge gaps that could benefit from further research, and is there an opportunity for collaboration to address these gaps?

Discussion:

The plenary discussion brought up several important themes in relation to mental health outcomes and impact assessment. Two major themes included 'critical gaps' in current assessment, and 'additional factors' to be considered in future assessments.

Critical Gaps:

Issues surrounding data gaps were discussed, particularly as they relate to baseline data. The need for accurate baseline data is critical to studying mental health and other impacts on communities. This point was followed by a similar discussion on the importance of thorough

contextual understandings of communities. Important contextual information was noted as including existing mental health pressures before community engagement, to help inform sensitive engagement and participation strategies (e.g., approaching communities with high suicide rates in a respectful manner that does not add to community trauma). This example aligned with a question raised which asked about the ethics of engaging communities on issues of impact assessment when there are ongoing social emergencies. Participants discussed examples when it is not appropriate to engage communities and communities that simply have priorities that are more important and are not prepared for a major project. Proponents and governments have to adapt to community needs and priorities.

Other gaps in data collection were identified as they relate to the diversity of people included in datasets and on impacts of data collection itself. For example, LGBTQQ2S+ people may have unique experiences because of major projects and yet data collection is difficult. Reasons for challenges with data collection included confidentiality in small communities, lack of existing disaggregated data, and validated measures of identity. Therefore, there is a need to engage proactively with these communities in order to identify and apply appropriate indicators of mental health and well-being. Similarly, the needs of people with disabilities need to be explicitly included in the study of potential project effects. Including diverse populations is imperative to intersectional mental health analysis that supports the goals of impact assessment under the new federal legislation. Lastly, when engaging diverse populations it may be appropriate to pay close attention to outcomes from such engagement to mitigate potential outcomes such as fatigue or trauma (and re-traumatization). Such monitoring would also be a means of capturing 'cascading effects' which may be indirect mental health outcomes arising from direct biophysical or social changes (e.g., where the impact is increased domestic violence, there may be negative, indirect mental health outcomes amongst victims). The discussion of data gaps also centered around workers as a critical population to include in impact assessment of mental health. There was recognition that a healthy and mentally well workforce benefited the workplace but also surrounding communities. One participant noted that "hurt people, hurt people" and pointed out that programs have been developed for workers to directly support ongoing health promotion efforts, emphasizing the critical role that well workers play in community safety.

The discussion of monitoring outcomes of engagement led to a discussion on ethical data collection, including OCAP® principles, engagement, and research methods. By identifying that such standards exist, especially in academia, a critical gap in mental health in impact assessment may be the lack of certified practitioners. Participants suggested that a professional accreditation body for social impact assessment, with certification that respects and reflects the priorities of communities through partnership and co-development, might be a useful strategy moving forward to ensure ethical, inclusive, and intersectional assessment.

Additional Factors:

The discussion of additional factors to be considered when assessing mental health outcomes in impact assessment, while similar to critical gaps, was meant to identify indicators for current assessment. The group identified several important indicators to consider:

- Assessing cultural continuity as an indicator of mental health and well-being, especially in Indigenous communities.
- Functioning of community governance structures and an indicator of respect for these structures by external parties.
- Participants noted that it is important to track indicators over time and over the life course of community members, from childhood to adulthood.
- Practitioner burn-out in health or other services when large, transient populations overburden services.

The group also discussed the merits of 'indicators' in the assessment process, and whether these are universally defined or whether they represent Western ways of quantifying human experiences. A strategy to avoid the imposition of a specific knowledge system, and to reflect the nuances of each individual community, would be to work with the community to identify meaningful indicators of well-being, such as: "are you able to maintain stable relationships with your family and community?" This example was highlighted by participants as broadly reflecting Indigenous determinants of health and well-being. Working with the community to identify meaningful indicators also opens up dialogue about community goals and aspirations for economic and social development. Indicators should also be culturally relevant, especially as they relate to gender and identity since these are not universally defined metrics.

It was also noted that an additional factor in considering well-being of communities should be an enhanced relationship between 'adaptive management' and capacity support programs. Adaptive management is a systematic process to improve practices to management outcomes of projects based on continual learning from past practices. Capacity support programs can take many forms but mainly include funding or skills development to enhance capacity to participate in, or lead, aspects of the impact assessment process. An iterative relationship between adaptive management and capacity support would allow the assessment of mental health and well-being to be reactive and proactive where necessary.

Closing Remarks by Drs. Erica Di Ruggiero & Miriam Padolsky

Dr. Di Ruggiero and Dr. Padolsky thanked meeting participants for attending and providing stimulating presentations and actively engaging in the discussion. Participants were encouraged to check the Agency's website to follow and provide comments on new guidance and policy.

Annex One: Comprehensive List of BBE Outcomes

Summary: Potential Indicators for Assessing Mental Health

Both the plenary discussion and previous presentations facilitated the creation of the following list of potentially applicable indicators to assessing mental health in the context of a major project:

- Existing mental health context, including well-being of youth, community resilience and suicide rates;
- Mental health outcomes include: self-rated mental health, happiness, life satisfaction, mental and social well-being
- Lagging mental health outcomes: suicide rates, hospitalizations related to mental health; rates of depression, anxiety
- Indicators of mental well-being:
    - sense of purpose, hope, belonging, and meaning in personal and community life
    - Connection/disconnection to place and land;
    - Existence of, and relationship to social roles, role conflict and identity;
    - Cultural continuity;
    - Community cohesion and social connectedness;
    - Mental health and well-being in the workplace and within industrial camps;
    - Substance use and related harms;
- Burnout rates for health practitioners alongside indicators for health services; Governance structures (type, relationship with individuals and community).

For Indigenous peoples, the group spoke to the following additional indicators as important to consider:

- Impact on contemporary health from historical & contemporary traumas including colonization, residential schools, and related discrimination;
- Access to land, for both physical health (hunting, fishing, gathering) and mental health (through spiritual and cultural practice);
- Ability to speak language, practice cultural traditions;
- Self-determination and robust governance.

Summary: Best Practices in Collecting Mental Health Data

- When collecting data about Indigenous peoples, create space for Indigenous languages by, for example, creating space for Elders to communicate in their language.
- Support communities (Indigenous and non-Indigenous) to lead baseline data collection and subsequent monitoring of outcomes. The best-practice would allow the community to identify relevant indicators, own the process and determine how the data is used.
- As the engagement process may resurface traumas within community members when engaging on issues of mental health and well-being, practitioners should make mental

health resources such as health workers and crisis support available to support a more positive experience and to help avoid re-traumatization.

- Before assuming that employment and skills training in relation to a project is a positive impact, consider how the community values traditional education and skills and the needs of the community.
- Intersectionality is an helpful concept for understanding how systems of power impact people differentially and should be applied in analysis of effects of major projects. However, this analysis should done in a manner that is appropriate to the community (e.g., culturally relevant GBA+).
- Implement the principle of: "Nothing about us, without us", which means that all research conducted "on" or "about" Indigenous communities should be participatory if not community-led. Seek to include community members in the assessment process, such as through defining research questions, meaningful indicators, thresholds for significant impacts, and monitoring programs.
- Practitioners and others involved in impact assessment must "do the work" to learn about communities that goes beyond desktop research, and to spend time on the land and build relationships. However, the burden should not be on communities to teach; practitioners should make efforts to inform themselves of the community and its interests before engaging directly with it.
- Throughout the process, ask what mechanisms have been used to hear and enhance community voices. Ask which mechanisms serve different groups and implement these mechanisms on a community-by-community basis to ensure a balanced approach is built in.
- Avoid relying on just quantitative data. Rigorous qualitative methods can help inform the practitioner's understanding of a community and the questions being examined.
- While it can be useful to have many indicators, be sure to vet those used with community co-development and consent to ensure to ensure they are relevant and fit the context and the issues being researched.
- Focusing on mental health outcomes is useful, but equally as important are the drivers and pressures that *lead* to particular outcomes (e.g., nutrition, access to health services, employment, education, culture and more).
- Consider how health and wellness is promoted across groups and across their interactions (those living in the community, workers, those external to the communityS1).
- Before engaging a community, existing health conditions and general community outlook regarding mental health should be understood (existing pressures) to understand existing vulnerabilities and protective factors (e.g. suicide rates and associated trauma strongly impact the way a community functions and how it may engage in the impact assessment process).
- Rather than singularly favouring Western scientific paradigms, appreciate different knowledge systems, when collecting and verifying data because the constant need for Western data may lead to fatigue on the part of communities.
- Remember that major projects, and whether they go ahead or not, impact generations of people so the work to predict and monitor impacts is immensely important to get right.

- When reporting mental health conditions and predicted outcomes it is necessary to provide the cultural, social and economic context from which they arise (e.g. existing suicide rates, relation to self-determination).
- Where available, 'Cultural Well-being Plans' should be referenced in the assessment of mental health outcomes to ensure that community-specific values are included in the assessment.
- Where an Indigenous community is considered in an impact assessment, use a distinctions-based approach (i.e. differentiate between First Nations, Métis and Inuit communities) so that the cultural and social context is accurate and not linked to broad generalizations.
- Mental health impacts should be managed adaptively and addressed within capacity support programs.
- Confidentiality and human research ethics protocols must be clarified and adhered to, particularly given the sensitivity of information related to mental health and wellbeing.

Summary: Research Gaps

- There often is limited or even no data on diverse subgroups in a given community, such as LGBTQ people, people living with disabilities, and people living in small rural and remote communities.
- Available data in large datasets is often not collected with adequate frequency and geographic granularity to support monitoring of impacts to mental health and wellbeing.
- The potential role of strategic or regional assessments in informing baseline mental health in project-level assessments needs to be better understood.
- A comprehensive scan or inventory of experts/practitioners that conduct assessments on social and health issues is needed.
- Potential gaps in practitioner training (especially where it relates to research ethics and standards) need to be identified and addressed.
- Mechanisms to complement Impact Benefit Agreements (agreements developed in parallel to the impact assessment between proponents and communities) and improve monitoring and follow-up programs need to be developed.
- There is a need for guidance on appropriate social science methodologies to help improve meaningful and inclusive community engagement practices to assist with identifying indicators.
- A data repository is needed to house and make available data from impact assessments. Often data stays with proponent and the ability to learn from previous projects is lost.
- Innovation and ethics are required to help the research process overcome the simplistic dichotomy between "Western science" and "Indigenous Knowledge".
- Practices to measure the mental health outcomes of individuals and communities being engaged or otherwise involved in the impact assessment process needs to be assessed.

- Correlations between projects and particular mental health outcomes are recognized; however, there is limited understanding of the pathways and mechanisms through which these impacts occur.

Annex Two: Participant List

Presenters:		
Diana Lewis	Assistant Professor, Department of Geography/Indigenous Studies Program	Western University
Ashlee Cunsolo	Director, Labrador Institute	Memorial University
Christopher G. Buse	Postdoctoral Fellow; Adjunct Professor	Centre for Environmental Assessment Research UBC; School of Health Sciences UBC ; Northern Medical Program UBC
Margo Greenwood	Professor, First Nations Studies; Academic Leader	University of Northern British Columbia; National Collaborating Centre for Aboriginal Health
Heather Castleden	Canada Research Chair, Reconciling Relations for Health, Environments, and Communities	Queen's University

Facilitator:		
Erica Di Ruggiero	Associate Professor, Director	University of Toronto

Planning Committee/ Observers:		
Audra White	Junior Policy Analyst	Impact Assessment Agency of Canada
Meghan Baker	Senior Advisor	Canadian Institutes of Health Research

Participants:		
Marion Doull	Senior Policy Analyst, Science Policy	Impact Assessment Agency of Canada
Miriam Padolsky	Director, Science Policy	Impact Assessment Agency of Canada
Brent Parker	Acting Vice-President, External Relations and Strategic Policy	Impact Assessment Agency of Canada
Lachlan McLean	Project Manager, Atlantic Regional Operations	Impact Assessment Agency of Canada
Steven Begg	Manager, Impact Assessment Policy	Impact Assessment Agency of Canada
Kathleen Buset	Senior Advisor, Healthy Environments and Consumer Safety	Health Canada
Tihut Asfaw	Senior Policy Advisor, Healthy Environments and Consumer Safety	Health Canada
Patricia Wiebe	Medical Specialist in Mental Health	Indigenous Services Canada
Debra Nkusi	Policy Analyst, First Nation and Inuit Health Branch	Indigenous Services Canada
Kelsey Lucyk	Senior Policy Analyst, Social Determinants of Health	Public Health Agency of Canada
Jaida Ohokannoak	Technical Advisor	Nunavut Impact Review Board
Kate Mansfield	Senior Environmental Officer	Mackenzie Valley Review Board
Frank Welsh	Director of Policy	Canadian Public Health Association
Jackie Hansen	Major Campaigns, Women's Rights Campaigns	Amnesty International
Tom Kosatsky	Scientific Director	National Collaborating Centre for Environmental Health

Megan VanEvery	Policy Advisor, Health	Native Women's Association of Canada
Faiza Waheed	Environmental Risk Analyst, Health Impact Assessment Specialist	Intrinsic Consulting
Laura Jokinen	Researcher, Health Impact Assessment Practitioner	University of Victoria
Somia Sadiq	Principal Partner	Narratives Consulting
Melissa Aalhus	Collaborator; Lead	Environment, Community Health Observatory; Office of Health and Resource Development
Deborah Stienstra	Jarislowsky Chair in Families and Work and Professor, Political Science	University of Guelph; FemNetNorth
Jennifer Ann Brown	Public Health Researcher	University of Alberta
Jo-Ann Facella	Director, Community Well-Being	Nuclear Waste Management Organization
Bekki Leon	Manager, Policy, Benefits and Services	LNG Canada
Suzanne LeClair	Superintendent, Community Relations Nunavut	Agnico Eagle Canada
Barnie Aggark	Mayor	Chesterfield Inlet, Nunavut