



*Psychological Effects of COVID-19
on Mental Health*

*Brief Presented by the Ordre des psychologues du Québec
to the House of Commons Standing Committee on Health*

December 4, 2020




Table of Contents

Table of Contents	1
Foreword.....	3
Mission of the Ordre des psychologues du Québec	3
Scope of practice and areas of practice of psychologists	3
Impact of the pandemic on mental health	3
Increase in depressive and anxiety symptoms.....	4
Effects on First Nations	4
Increase in addiction problems, including opioid-related disorders	4
Effects on healthcare workers	5
Effects in people with mental disorders	5
Interaction between COVID-19 and a mental disorder diagnosis	5
Specific effects of lockdown.....	5
Effects in the elderly.....	5
Effects on children and adolescents	6
Gender-specific effects on mental health and well-being	6
Effects on Quebecers	6
Effects on Quebecers according to OPQ members.....	7
Adequacy of mental health services	9
The role of virtual care in improving access to mental health services.....	10
Telepsychology among Quebec psychologists.....	10
Availability of mental health support and promotion programs.....	11
Responding to increasing mental health needs.....	11
Conclusion	12
References.....	12

Foreword

We would like to begin by thanking you for the invitation to share our knowledge as part of the work of the House of Commons Standing Committee on Health to examine the effects of the psychological and social disruption caused by the COVID-19 pandemic on the mental health of Canadians. The Ordre des psychologues du Québec (OPQ) hopes to contribute to this work by sharing the expertise of its members, who, as specialists in mental health, human behaviour, emotions and cognition, work to prevent mental illness and maintain and restore mental health.

Mission of the Ordre des psychologues du Québec

The OPQ's main mission is to protect the public. To that end,

- it ensures the quality of the services provided by its members;
- it fosters the development of the profession; and
- it works for access to psychological services.

Scope of practice and areas of practice of psychologists

The scope of practice of psychologists is as follows:

“... assess psychological and mental functioning, and determine, recommend and carry out interventions or treatments with a view to fostering the psychological health and restoring the mental health of a person in interaction with his environment;¹

The OPQ currently has 8,859 member psychologists. They acquired their mental health skills through a minimum of nine years of doctoral-level university training (including the bachelor's and doctoral degrees)² and then maintained and developed them through continuing education.

More than 6,000 psychologists work in the healthcare sector, in private practice or in the public healthcare system. In particular, they offer assessment services for mental disorders and neuropsychological disorders (equivalent to diagnosis) and intervention services (psychotherapy, psychological education, coaching, support, rehabilitation, etc.). On a daily basis, they deal with psychological and mental health problems and observe the prevalence of pandemic-related disorders, such as depressive and anxiety disorders.

Impact of the pandemic on mental health

In the context of the COVID-19 pandemic, there is a desperate need for psychological and mental health services. Research and clinical data show that the pandemic is affecting mental health, and that those effects are present in all population groups and age groups and take multiple forms. According to a new World Health Organization (WHO) survey, the COVID-19 pandemic is also causing disruption or interruption of essential mental health services in 93% of countries, just when the demand for services is increasing and the services are needed most (Brunier, 2020).

¹ *Professional Code*, CQLR, c. C-26, s. 37.

² A doctoral degree has been a requirement for admission to the psychologist profession since 2006.

Increase in depressive and anxiety symptoms

Since the first wave of the pandemic, there have been increased levels of anxiety and depression among Canadians and an increase in the use of psychoactive substances, including alcohol (Dozois, 2020). There has also been an increase in anxiety due to multiple causes, such as the fear of a loved one becoming infected, with all the consequences that might involve, the possibility of being infected oneself, social isolation, or the prospect of not being able to obtain basic necessities (Dozois, 2020).

A national survey conducted in the United States reports similar data, with increased rates of anxiety, insomnia, alcohol consumption and interpersonal conflict in the population (Cabrera et al., 2020). The study also indicated that a high proportion of people are reporting anxiety related to the fear of contracting or dying from COVID-19. The authors speculate that the chronic stress due to the pandemic may have long-term effects, although this has not yet been demonstrated. They propose the term “pandemic adjustment disorder” to describe this symptomatology; in our view, this term accurately reflects the state of affairs.

It also appears that the increase in depressive and anxiety symptoms is present in a number of countries, regardless of the culture of the society in which the people affected live. For example, a study conducted in China on the perceived psychological effect of the COVID-19 pandemic during its initial phase reported increased stress and higher levels of depressive and anxiety symptoms in the Chinese population (Wang et al., 2020). In Germany, researchers report that the prevalence of depressive disorders, obsessive-compulsive disorder (OCD), panic disorder and generalized anxiety disorder (GAD) is significantly higher than before the pandemic, according to data collected. More specifically, the authors point out that the prevalence of depression seems alarming, with more than a third of their sample suffering from it (Munk et al., 2020).

Effects on First Nations

There is evidence that the COVID-19 pandemic is having negative impacts on the mental health of First Nations people in Canada. According to one study, 38% of First Nations participants reported that their mental health was fair or poor, 32% that their mental health was good, and 31% that their mental health was excellent or very good. When asked how their mental health had changed since the start of the physical distancing measures, 60% of Indigenous participants indicated that their mental health was “somewhat worse” or “much worse.” These results, which reflect First Nations people’s perceptions of their mental health status, show a significant deterioration in this area compared with data collected in 2017 (Arriagada et al., 2020).

Increase in addiction problems, including opioid-related disorders

In the context of the current pandemic, people with substance use disorders, including opioid-related disorders, face a higher risk of relapse, increased use or involuntary withdrawal (Mallet et al., 2020). In addition, during lockdowns, individuals with opioid use disorders are at particular risk of relapse or involuntary withdrawal (Mallet et al., 2020). According to the authors, people living with addiction are at greater risk of co-morbidity and mortality during the pandemic. After the lockdown ends, there is likely to be an increase in substance use disorders for a number of years, according to Mallet et al. (2020). Moreover, 65% of countries are experiencing disruptions in essential risk reduction services, and 45% of countries are experiencing disruptions in opioid agonist maintenance treatment of opioid dependence (Brunier, 2020).

Effects on healthcare workers

Effects of the pandemic on mental health have also been reported among healthcare workers. For example, a meta-analysis of 13 studies of healthcare workers found an increase in the prevalence of depression, anxiety and insomnia (Pappa et al., 2020). In particular, the authors found a combined prevalence of anxiety of 23.2% in 12 of the 13 studies and a combined prevalence of depression of 22.8% in 10 of the 13 studies.

Effects in people with mental disorders

Research data also show that people who had pre-existing mental health problems are at increased risk of having their condition worsen as a result of the pandemic and its aftermath (Cabrera et al., 2020). For example, some researchers have shown that lockdown has affected the neuropsychiatric symptoms of Alzheimer's disease during the pandemic, in particular that the duration of the lockdown is significantly correlated with an increase in the severity of symptoms in those individuals (Boutoleau-Bretonnière et al., 2020).

Interaction between COVID-19 and a mental disorder diagnosis

A large cohort study³ reports data from electronic health records of 69 million people who contracted and survived COVID-19. The results point to increased incidence of a first psychiatric diagnosis following a COVID-19 diagnosis among people with no psychiatric history (Taquet et al., 2020). Compared with other health problems, contracting COVID-19 reportedly increases the likelihood of a first diagnosis of anxiety disorder, mood disorder, psychotic disorder, sleep disorder (insomnia) or major neurocognitive disorder (MNCD). In addition, the authors report the interesting fact that patients diagnosed with a mental health disorder in the year preceding the pandemic are at increased risk of contracting COVID-19.

Specific effects of lockdown

Physical distancing and isolation measures have now been shown to be associated with increased psychological distress (e.g., panic disorder, emotional disturbance, and depression), even when they are in place for a short period of time (Best et al., 2020). In addition, there is a particularly alarming increase in certain symptoms (including psychological distress, emotional disturbance and depression) in people who had to be isolated after contracting COVID-19 (Best et al., 2020). Moreover, one survey found that 96% of COVID-19 survivors experienced symptoms of post-traumatic stress disorder upon release from quarantine facilities (Bo et al., 2020).

Effects in the elderly

Seniors are among the groups most at risk for psychological aftereffects from COVID-19. In addition to being at greater physical risk from the virus, it has also been shown that the elderly are harder hit by the adverse psychological effects of social isolation and lockdown (Cabrera et al., 2020). This is occurring at a time when, as the WHO points out, the pandemic is disrupting the delivery of mental health services to the elderly in 70% of countries (Brunier, 2020).

³ Cohort studies track a group of people and assess the effects on their health of the risk factors to which they are exposed.

Effects on children and adolescents

Students – both teenagers and younger children – are experiencing disruptions in their daily routines and school schedules, with consequences for their mental health, including increased depressive and anxiety symptoms (Cabrera et al., 2020). To measure this, researchers compared the mental health of students during the pandemic with their mental health status prior to the pandemic. In particular, they found that students with no pre-existing mental health problems have had greater psychological distress since the pandemic started, which researchers partly attribute to social isolation combined with the importance of social contact during this period of development (Hamza et al., 2020).

Gender-specific effects on mental health and well-being

Some data point to the following trend: women's mental health seems to be more affected by COVID-19, at least so far. For example, a study specifically on the healthcare worker population shows that women have higher rates of emotional symptoms (sadness, crying, etc.) than men (Pappa et al., 2020). In addition, in an August 2020 survey of a Quebec sample, women reported more distress than men (Zorn and Granier, 2020). However, the effects on men may manifest themselves only in the longer term or in ways that are not yet being measured (i.e., other symptoms); we will have to wait for cohort studies to identify longer-term gender-specific effects.

LGBTQ2+ people face social disadvantages that may be exacerbated by the COVID-19 pandemic and the resulting social isolation, according to Salerno et al. (2020). In fact, one study reports adverse effects on the general well-being of LGBTQ2+ individuals and on other aspects of their lives, including social interaction, financial resources, nutrition, and drug and alcohol use (Sanchez et al., 2020). In addition, sexual minorities report more psychological distress and more peri-traumatic stress associated with the pandemic than sexual majorities (Peterson et al., 2020). With regard to economic effects, 40% of all LGBTQ2+ people in the United States are employed in service jobs⁴ (compared with 22% of non-LGBTQ2+ people), which suggests that LGBTQ2+ people (especially LGBTQ2+ people of colour) are likely to be more affected, as a result of this distribution, since the pandemic is having a greater impact on service sector jobs (Whittington et al., 2020). Although additional studies on the epidemiology of COVID-19 are needed to better understand this population group, we believe it is essential to document this topic in view of intersectionality issues, which have been extensively documented in relation to the physical health effects of COVID-19 (Government of Canada, 2020).

Effects on Quebeckers

According to a survey of 6,261 Quebeckers conducted by the University of Sherbrooke from September 4 to 14, 2020, one in five adults (one in four in Montreal) had symptoms consistent with generalized anxiety disorder or major depression in the two weeks preceding the survey. Young adults, anglophones and healthcare workers are among those most affected, with depressive symptoms being particularly common in the third group (La santé mentale des Québécois durement touché par la pandémie, 2020).

⁴ The service or tertiary sector of the economy covers a broad range of activities ranging from trade to administration, including transportation, finance, business services, accommodation and food service, real estate, and information and communications (French National Institute for Statistics and Economic Studies (INSEE): <https://www.insee.fr/en/metadonnees/definition/c1584>).

In addition, an August 2020 report showed an increase in distress among Quebec adults, particularly the 18-to-34 age group, which is more affected than other adults (Zorn and Granier, 2020). In addition, 211 calls for mental health and addiction-related services (211 is a free multilingual telephone and web-based help line that refers people to community agencies and services) were up in April and May 2020 (Institut national de santé publique du Québec (INSPQ), 2020a, July 16).

With regard to beliefs, Quebec healthcare workers consider themselves at greater risk of contracting COVID-19 and are more afraid of infecting those around them than other groups. However, they are less likely to believe that COVID-19 is dangerous to their health and feel anxious in public places. As for their mental health, they present, more frequently than other people in the same age group, problematic levels of psychological distress (which may indicate underlying mental health problems). Their level of perceived psychological distress is also well above the pre-pandemic values observed among Quebecers in general. In addition, healthcare workers who drink alcohol report an increase in their drinking since the beginning of the pandemic (INSPQ, 2020, July 24).

Some researchers note that the psychological distress perceived by seniors elsewhere in Canada and around the world is also present at significant levels among Quebec seniors (INSPQ, 2020a, July 16).⁵ In addition, Zorn and Granier (2020) report more emotional distress among the elderly (they define emotional distress as psychological pain and disturbance, a form of health inequality that sometimes stems from socio-economic disparity).

According to the INSPQ, the pandemic appears to have exacerbated food insecurity and psychological distress in underprivileged areas in Quebec. In addition, people with less education are proportionally more likely to have problematic levels of psychological distress. Similarly, people who are unemployed or off work because of the pandemic are more likely to live in food-insecure households and have high levels of distress (INSPQ, 2020a, July 16).

With regard to Quebec teenagers and younger children, a survey shows that in the spring of 2020, about 60% of parents were concerned about their children's mental health, and 68% were concerned that their children were bored at home. Specifically, parents whose income had decreased significantly were more likely to worry about their children's mental health and boredom (INSPQ, 2020b, July 16). Another survey revealed that, compared with other Quebecers aged 18 to 69 (excluding healthcare workers), elementary school and early childhood education workers were more concerned about COVID-19 because they felt the lockdown was being lifted too quickly (INSPQ, 2020, August 3).

Effects on Quebecers according to OPQ members

In October 2020, the OPQ surveyed its members to document the pandemic's effects on their clients' mental health. A total of 2,744 psychologists⁶ (31% of the OPQ's membership) from all administrative regions of Quebec responded to the survey. The survey was about the psychologists' perceptions of the pandemic's effects.

The results indicate significant mental health issues among the psychologists' clients. Specifically, 86% of respondents reported an increase in psychological distress or worsening of symptoms among

⁵ In this report, psychological distress is defined as an unpleasant psychological state characterized by anxiety and depression.

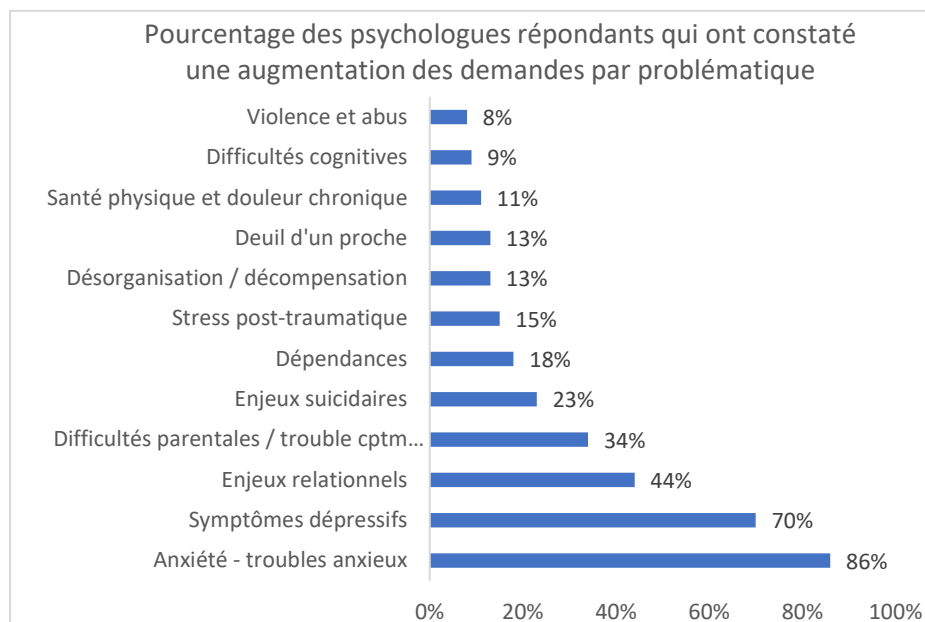
⁶ The findings and percentages we report in this section relate only to the sample of psychologists who responded to the survey. There is no evidence that the figures are the same for all OPQ members.

Psychological Effects of COVID-19 on Mental Health

their clients since the beginning of the pandemic. Many (67%) also reported that former clients returned to them because their condition had regressed during the pandemic. In other words, many Quebecers have had to call their psychologists back for psychological support because of the pandemic. Moreover, nearly 65% of respondents said they had received more urgent requests or crisis calls because of the pandemic.

Aside from urgent requests and crisis situations, the information collected also shows an increase in requests regarding various subjects and issues. Symptoms of anxiety and depression are by far the main reasons people have for consulting psychologists.

The following is a list of the subjects for which respondents reported higher demand since the beginning of the pandemic:



	Percentage of responding psychologists who saw an increase in requests by problem area
	Violence and abuse
	Cognitive difficulties
	Physical health and chronic pain
	Loss of a loved one
	Disorganization/decompensation
	Post-traumatic stress
	Dependencies
	Suicide issues
	Parenting difficulties/behavioural disorder
	Relationship issues

	Depressive symptoms
	Anxiety – anxiety disorders

Healthcare workers also approached psychologists for psychological help. Nearly 40% of respondents reported receiving calls from healthcare workers during the pandemic. These results are consistent with the data in the scientific literature mentioned previously.

The pandemic's effects on mental health are also spreading into all spheres of Quebeckers' lives as they try to adapt to this unprecedented situation using their personal resources. Forty-six percent of respondents reported an increase in alcohol or drug use among their clients during the pandemic. Clients' personal and intimate lives were also affected: 22% of respondents reported an increase in the number of relationship breakups (separation/divorce) during the pandemic, and 12% reported an increase in spousal violence.

Mental health issues can also result in impaired cognitive functions, including concentration, attention and memory, which are crucial for maintaining employment and meeting responsibilities. In this regard, 56% of respondents reported a higher incidence of cognitive difficulties among their clients.

Since these results reflect the recent situation in the offices of nearly 2,800 psychologists, it is highly likely that this is only the tip of the iceberg and that the needs of Quebeckers are even more acute.

Adequacy of mental health services

Despite the documented increase in the need for psychological services during the COVID-19 pandemic, wait times in the public system and the cost of private services make psychologists' services difficult or even impossible to access. The consequences of being unable to see a psychologist (or unable to see one in a timely manner) for psychological assessment or treatment can be disastrous, as the difficulties or disorders could become more severe and complex.

With regard to approaches that are recognized as effective or empirically supported for the treatment of mental disorders, we note that psychotherapy in its various forms has proven its effectiveness and that many different psychotherapy approaches are empirically supported (OPQ, 2018). Indeed, there are large numbers of metastudies of psychological interventions, including psychotherapy, confirming their effectiveness and cost-effectiveness, with significant and consistent effects for most clinical conditions (American Psychological Association (APA), 2013; Institut national d'excellence en santé et en services sociaux (INESSS), 2017). Numerous studies have demonstrated that psychological interventions are as effective as medication in treating most common mental problems and disorders in children, adolescents and adults of all ages (INESSS, 2017). For example, the APA has documented the effectiveness of a variety of psychotherapeutic treatments for children, adolescents and adults and for the elderly, for most psychological disorders (APA, 2013). In addition, there are significant differences between those who are treated and those who are not, with fairly similar results across the various types of treatment. Lastly, it is possible to improve any kind of psychotherapeutic treatment by ensuring that the interventions are suited to the specific needs of the individuals and by ensuring the quality of the psychotherapeutic alliance, a central factor in the effectiveness of psychological treatments (OPQ, 2018).

The role of virtual care in improving access to mental health services

As the effectiveness of psychotherapy and psychological treatments is a matter of record, it is important to consider how to make those services available to the public, in view of the necessary isolation and physical distancing measures.

The COVID-19 pandemic has provided impetus for the rapid implementation and acceptance of telepsychology as an option for the delivery of psychological services. Clinical research has shown that psychotherapy is equally effective in both face-to-face and virtual (telepsychology) settings for various groups of people and for multiple types of mental health problems, including anxiety disorders (Bouchard, 2020). In addition, telepsychology has several advantages, including increased reach and accessibility for people living in rural areas, less treatment attrition, and cost savings through reduced travel.

According to a recent study in the United States, only 7% of the clinical work of American psychologists was via telepsychology before the pandemic. The proportion jumped to 86% during the pandemic, with 67% of psychologists doing all their clinical work via telepsychology. The increase in the use of telepsychology was larger among women, psychologists with more telepsychology training, psychologists with organizational policies that support telepsychology, and psychologists who treat relationship problems (Pierce et al., 2020).

Although telepsychology can be an innovative solution for providing psychological services on a large scale (Gicas et al., 2020), it can raise privacy issues for some people, and it is limited to those who have Internet access and the ability to navigate platforms (Madigan et al., 2020). Telepsychology may also not be suitable for individuals with severe mental illness (e.g., active psychosis, depressive disorder with suicide risk), for people who require face-to-face services to mitigate acute risk, or in situations where a high degree of confidentiality is essential for accurate disclosure, such as situations of abuse or spousal violence (Madigan et al., 2020). Vulnerable groups (e.g., people with low socio-economic status, homeless people, rural communities) have always had difficulty getting adequate health care, and this remains true despite the spread of telepsychology (Madigan et al., 2020). Hence, telepsychology is not a panacea, and it requires careful consideration of suitability to client needs, confidentiality and standards to ensure optimal results. With that in mind, it is important to carefully assess an individual's needs before concluding that telepsychology is a viable and optimal way to provide service.

Telepsychology among Quebec psychologists

The October survey of OPQ members⁷ provided more information about the provision of remote services. Before the pandemic, telepsychology was not a common mode of service delivery, and 71% of respondents did not offer remote services. Eighty-seven percent of respondents now offer telepsychology services by telephone or videoconferencing, which is consistent with the U.S. data presented earlier.

Respondents noted some of the benefits of telepsychology, including compliance with health measures (over 90% were in agreement), a greater sense of safety from the virus (64% in agreement), usefulness and efficiency (57% in agreement), and easier access to psychological services (64% in agreement), especially for people in remote areas (94% in agreement). In addition,

⁷ The findings and percentages reported in this section relate only to the sample of psychologists who responded to the survey. There is no evidence that the figures are the same for all OPQ members.

about half of the respondents said they believed that telepsychology meets their clients' needs (55% in agreement).

With regard to disadvantages, 66% of respondents indicated that their clients had no confidentiality concerns. However, there were issues regarding communication via telepsychology. Sixty percent of respondents reported lower-quality communication, and almost 65% reported significant limitations in interactions and human contact. Difficult access to technology (36% in agreement) and to confidential space (42% in agreement) can also complicate the provision of remote services.

As the U.S. research data show, continuing education is needed to support psychologists in telepsychology development. Moreover, 54% of respondents said they would like more training to help them use this mode of service delivery more effectively.

The survey shows that appreciation and adoption of telepsychology services vary among respondents, which is reflected in their responses to this question:

- I'm excited about telepsychology, and I plan to offer the majority of my services remotely from now on: 7%;
- I enjoy telepsychology and plan to maintain part-time remote services (hybrid model): 47%;
- The pandemic gave me an opportunity to try out telepsychology, but I prefer to continue face-to-face meetings in the future: 41%;
- I have doubts about telepsychology, and I don't intend to adopt it: 6%.

Availability of mental health support and promotion programs

Since the beginning of the pandemic, the OPQ has engaged in communication activities to raise public awareness of mental health. A public web page was developed to provide practical tips and resources. Guides⁸ were also developed for bereaved people, parents, teenagers, children aged 6 to 11, and parents of children with ADHD. The OPQ also continued its destigmatization work with its mental health advertising campaigns, and the President gave nearly 200 media interviews. At the height of the crisis, the OPQ participated in weekly meetings with the Quebec Department of Health and Social Services (MSSS) and the Quebec Department of Education and Higher Education (MEES) in an effort to prevent a parallel mental health pandemic and identify possible ways of adjusting the services delivered by professionals. At the end of the summer, the OPQ submitted a back-to-school brief to the MEES in which it recommended measures to support students during the pandemic and ensure their mental health.

In addition, the OPQ communicates regularly with its members to keep them informed of developments in pandemic practice. OPQ newsletters and content available on its website have covered many questions about telepsychology, consent, testing, crisis intervention, and health measures for psychologists' offices.

Responding to increasing mental health needs

In Quebec, access to psychological services has long been a challenge, and mental health is often the poor cousin in the range of health services. Although Quebec has the largest number of psychologists per capita in North America, people who need treatment have to deal with a two-tier system: people who have money or group insurance can consult a private psychologist within a

⁸ The guides are available at <https://www.ordrepsy.qc.ca/coronavirus-covid-19-conseils-psychologiques-et-informations-au-grand-public>.

relatively short period of time, while the less affluent, whose only option is the public health system, face wait times that can often be as long as 24 months.

However, among the respondents to the October survey, 51% of psychologists in the public system and 58% of psychologists in private practice indicated that they would be willing to contribute to an emergency psychological assistance plan developed by the government. In total, respondents said they would be willing to offer nearly 7,000 hours per week to take on new clients, a substantial offer that would meet many pressing needs.

In this regard, Quebec's Minister of Health and Social Services, Lionel Carmant, announced on November 2 a \$100 million investment in mental health, \$35 million of which is earmarked for private psychological services to clear up the backlog of 16,000 people on public system waiting lists (as estimated by the Quebec government). The OPQ is prepared to collaborate in this plan to promote access to psychological services once the details are available. We believe that mental health care should be covered by a universal healthcare system, just like physical healthcare.

Conclusion

The OPQ's mission is to protect the public, in particular by advocating for better access to psychological services. Consequently, we support all government actions designed to promote access to mental health care, particularly during the pandemic. Access to mental health services is a major challenge that requires engaging the resources of all mental health professionals, including psychologists, to modernize one of our society's fundamental values – supporting vulnerable people.

References

- American Psychological Association (APA) (2013). Recognition of psychotherapy effectiveness. *Psychotherapy*, 50(1), 102-109.
- Arriagada, P., Hahmann, T., & O'Donnell, V. (2020). Indigenous people and mental health during the COVID-19 pandemic. Statistics Canada. <https://www150.statcan.gc.ca/n1/en/pub/45-28-0001/2020001/article/00035-eng.pdf?st=BQVVpR9d>
- Best, L. A., Law, M. A., Roach, S., and Wilbiks, J. M. P. (2020). The psychological impact of COVID-19 in Canada: Effects of social isolation during the initial response. *Canadian Psychology/Psychologie canadienne*. Prepublication. <http://dx.doi.org/10.1037/cap0000254>
- Bo HX, Li W, Yang Y, et al: Posttraumatic stress symptoms and attitude toward crisis mental health services among clinically stable patients with COVID-19 in China. *Psychol Med* 2020:1–7. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7200846/>
- Bouchard, S. (2020). *Psychothérapie par vidéoconférence (PVC): Efficacité, alliance thérapeutique et informations pratiques* [PowerPoint presentation]. Ordre des psychologues du Québec.
- Boutoleau-Bretonnière, C., Pouclet-Courtemanche, H., Gillet, A., Bernard, A., Deruet, A. L., Gouraud, I., Mazoue, A., Lamy, E., Rocher, L., Kapogiannis, D., & El Haj, M. (2020). The Effects of Confinement on Neuropsychiatric Symptoms in Alzheimer's Disease During the COVID-19 Crisis. *Journal of Alzheimer's Disease*, 76(1), 41–47. <https://doi.org.ezproxy/10.3233/JAD-200604>
- Brunier, A. (October 5, 2020). *COVID-19 disrupting mental health services in most countries, WHO survey*. World Health Organization. <https://www.who.int/news/item/05-10-2020-covid-19-disrupting-mental-health-services-in-most-countries-who-survey>

Cabrera, M. A., Karamsetty, L., & Simpson, S. A. (2020). Coronavirus and its implications for psychiatry: A rapid review of the early literature. *Psychosomatics: Journal of Consultation and Liaison Psychiatry*. <https://doi.org/10.1016/j.psym.2020.05.018>

Dozois, D. J. A. (2020). Anxiety and depression in Canada during the COVID-19 pandemic: A national survey. *Canadian Psychology/Psychologie canadienne*.
<https://doi.org/10.1037/cap0000251>

Gicas, K. M., Paterson, T. S. E., Narvaez Linares, N. F., & Loken Thornton, W. J. (2020). Clinical psychological assessment training issues in the COVID-19 era: A survey of the state of the field and considerations for moving forward. *Canadian Psychology/Psychologie canadienne*. Advance online publication. <http://dx.doi.org/10.1037/cap0000258>

Government of Canada (October 2020). *Chief Public Health Officer of Canada's Report on the State of Public Health in Canada 2020. From risk to resilience: An equity approach to COVID-19*. <https://www.canada.ca/en/public-health/corporate/publications/chief-public-health-officer-reports-state-public-health-canada/from-risk-resilience-equity-approach-covid-19.html#a2.2>

Hamza, C. A., Ewing, L., Heath, N. L., and Goldstein, A. L. (2020). When social isolation is nothing new: A longitudinal study psychological distress during COVID-19 among university students with and without pre-existing mental health concerns. *Canadian Psychology/Psychologie canadienne*. <https://doi.org/10.1037/cap0000255.supp>

Institut National de Santé Publique du Québec (2020a, July 16). *Pandémie et inégalités face à la détresse psychologique et l'insécurité alimentaire: sondage sur les attitudes et comportements de la population québécoise*. <https://www.inspq.qc.ca/sites/default/files/publications/3036-inegalites-detresse-psychologique-insecurite-alimentaire-covid19.pdf>

Institut National de Santé Publique du Québec (2020b, July 16) : *COVID-19. Pandémie et pré-occupation des parents à l'égard de leurs enfants*. <https://www.inspq.qc.ca/publications/3039-sondage-parents-enfants-covid19>

Institut National de Santé Publique du Québec (2020, July 24) *COVID-19 : Pandémie et travailleurs de santé*. <https://www.inspq.qc.ca/sites/default/files/publications/3048-sondage-travailleurs-sante-covid19.pdf>

Institut National de Santé Publique du Québec (2020, August 3). *COVID-19 : Pandémie et travailleurs des écoles primaires et des services éducatifs à l'enfance*. <https://www.inspq.qc.ca/publications/3051-travailleurs-ecoles-primaires-services-garde-educatifs-covid19>

Institut national d'excellence en santé et en services sociaux (INESSS) (2017). *Accès équitable aux services de psychothérapie au Québec*. Report by Micheline Lapalme, Brigitte Moreault, Alvine Fansi and Cedric Jehanno. Quebec City: INESSS, 97 pp.

La santé mentale des Québécois durement touchée par la pandémie. (2020, September 29). *Estrée Plus*. <https://www.usherbrooke.ca/actualites/nouvelles/sante/sante-details/article/43540/>

Madigan, S., Racine, N., Cooke, J. E., & Korczak, D. J. (2020). COVID-19 and telemental health: Benefits, challenges, and future directions. *Canadian Psychology/Psychologie canadienne*. Advance online publication. <http://dx.doi.org/10.1037/cap0000259>

Mallet, J., Dubertret, C., & Le Strat, Y. (2020). Addictions in the COVID-19 era: Current evidence, future perspectives a comprehensive review. *Progress in Neuro-Psychopharmacology & Biological Psychiatry*. <https://doi.org/10.1016/j.pnpbp.2020.110070>

Munk, A. J. L., Schmidt, N. M., Alexander, N., Henkel, K., and Hennig, J. (2020). Covid-19-Beyond virology: Potentials for maintaining mental health during lockdown. *PLoS One*, 15(8), e0236688. <https://doi.org/10.1371/journal.pone.0236688>

Ordre des psychologues du Québec. (2018). Les données probantes. Pour une pratique éclairée, responsable et rigoureuse de la psychothérapie. Author.

Pappa, S., Ntella, V., Giannakas, T., Giannakoulis, V. G., Papoutsis, E., & Katsaounou, P. (2020). Prevalence of depression, anxiety, and insomnia among healthcare workers during the COVID-19 pandemic: A systematic review and meta-analysis. *Brain, Behavior, and Immunity*, 88, 901–907. <https://doi.org/10.1016/j.bbi.2020.05.026>

Pierce, B. S., Perrin, P. B., Tyler, C. M., McKee, G. B., et Watson, J. D. (2020). The COVID-19 telepsychology revolution: A national study of pandemic-based changes in US mental health care delivery. *American Psychologist*. <https://doi.org/10.1037/amp0000722>

Rogers, J. P., Chesney, E., Oliver, D., Pollak, T. A., McGuire, P., Fusar-Poli, P., Zandi, M. S., Lewis, G., & David, A. S. (2020). Psychiatric and neuropsychiatric presentations associated with severe coronavirus infections: A systematic review and meta-analysis with comparison to the COVID-19 pandemic. *The Lancet Psychiatry*, 7(7), 611–627. [https://doi.org/10.1016/S2215-0366\(20\)30203-0](https://doi.org/10.1016/S2215-0366(20)30203-0)

Salerno, J. P., Williams, N. D., & Gattamorta, K. A. (2020). LGBTQ populations: Psychologically vulnerable communities in the COVID-19 pandemic. *Psychological Trauma: Theory, Research, Practice, and Policy*, 12(S1), S239–S242. <https://doi.org/10.1037/tra0000837>

Sanchez, T. H., Zlotorzynska, M., Rai, M., & Baral, S. D. (2020). Characterizing the impact of COVID-19 on men who have sex with men across the United States in April, 2020. *AIDS and Behavior*. <https://doi.org/10.1007/s10461-020-02894-2>

Taquet, M., Luciano, S., Geddes, J. R., & Harrison, P. J. (2020). Bidirectional associations between COVID-19 and psychiatric disorder: Retrospective cohort studies of 62354 COVID-19 cases in the USA. *The Lancet Psychiatry*. [https://doi.org/10.1016/S2215-0366\(20\)30462-4](https://doi.org/10.1016/S2215-0366(20)30462-4)

Wang, C., Pan, R., Wan, X., Tan, Y., Xu, L., Ho, C. S., and Ho, R. C. (2020). Immediate psychological responses and associated factors during the initial stage of the 2019 coronavirus disease (COVID-19) epidemic among the general population in China. *International Journal of Environmental Research and Public Health*, 17(5). <https://doi.org/10.3390/ijerph17051729>

Whittington, C., Hadfield, K., & Calderon, C. (2020). *The lives and livelihoods of many in the LGBTQ community are at risk amidst COVID-19 crisis*. <https://hrc-prod-requests.s3-us-west-2.amazonaws.com/files/assets/resources/COVID19-IssueBrief-032020-FINAL.pdf?mtime=20200811115717&focal=none>

Zorn, N. & et Granier, A. L. (2020, September). *Baromètre des inégalités*. Observatoire québécois des inégalités, 4. <https://cdn.ca.yapla.com/company/CPYMZxfbWTbVKVvSt3IBECIc/as-set/files/OQI%20-%20Barome%CC%80tre%20des%20ine%CC%81galite%CC%81s%20-%20septembre%202020.pdf>