

COVID-19 PANDEMIC RESPONSE RECOMMENDATIONS FOR INVESTMENTS IN MENTAL HEALTH AND PUBLIC HEALTH INTERVENTIONS

JITENDER SAREEN MD
DEPARTMENT HEAD PSYCHIATRY
UNIVERSITY OF MANITOBA
PROVINCIAL SPECIALTY LEAD,
MENTAL HEALTH AND ADDICTION
SHARED HEALTH
Email: jsareen@hsc.mb.ca

*Canadian Institutes of Health Research

Summary

- Use a public health approach to manage Mental health sequelae of COVID-19 pandemic
- Invest in virtual mental health care across elective and Emergent mental health services
- Invest in appropriate infrastructure for isolation in the community
- Success will only occur where there are strong partnerships across Federal, provincial, communities and private sectors

Story

- 15 year old boy living in rural community in Manitoba losses a friend suddenly in an accident
- He is brought to the nursing station by his grand father because he is suicidal. He has also been in contact with someone who is COVID+
- He needs an emergent mental health assessment but does not want to travel to Winnipeg for assessment

COVID-19 Pandemic has impacted All Canadians

Rationale

- During the pandemic, Canadians have had an increase in distress, fear, anxiety, alcohol and drug use

Recommendations:

- Invest in media campaigns that focus on mental wellness strategies and low risk guidelines for alcohol and substance use strategies
- Invest in improving pathways for accessing care
- Investment in virtual mental health care using a stepped care approach (online self-screening tools, individual, class, group therapies)
- Investment in appropriate staffing and tools – for measurement based mental health care

COVID-19 Pandemic Response for Canadians in Crisis I

Rationale

- People in crisis often have long waiting periods in Emergency Departments for a mental health assessments
- Rural sites face greater access barriers than urban sites for Emergent assessments
- During the pandemic, fear of acquiring COVID-19 in a hospital may prevent people from getting life saving treatments

COVID-19 Pandemic Response for Canadians in Crisis II

- Youth Urgent/Emergent Telepsychiatry service to all Emergency Departments and First nations nursing stations in Manitoba began in August 2020
- Goal - Reduce transfers of youth for Emergency assessments, and reduce the need for hospital admissions across Manitoba
- Adult Crisis Response Centre*
- Rapidly transformed the majority of urgent mental health and addiction services to a virtual platform.
- Rapidly developed virtual mental wards to reduce length of stay in hospitals and crisis units
- Appropriately selected patients received daily mental health assessments and supports from a team while the person was at home with their family

Recommendation

Investment in implementation and evaluation of virtual Crisis services and virtual wards is essential in providing timely care and reducing the spread of COVID-19

Rapid Response Teams- University of Manitoba -Ongomiizwin Health Services

- Rapid Response Teams is a concept designed and led by the Manitoba First Nations Pandemic Response Coordination Team (a partnership between the Assembly of Manitoba Chiefs, Manitoba Keewatinow Okimakinak, First Nations Health and Social Secretariat of Manitoba, and Keewatinohk Inniniw Minoayawin).
- These inter-disciplinary teams of up to seven people are chosen from a network of health-care professionals – including doctors, nurses, rehab specialists
- Each team works in support of the local health workforce and with community leadership. In addition to supporting contact tracing, assistance with isolation planning, and communications, they also bring rapid point of care testing, set up testing sites, and schedule community members for testing which has helped contain clusters quickly.

COVID-19 Pandemic Response

- Alternate Isolation Accommodation In Manitoba

- Goal: reduce the spread of COVID-19 by providing a readily available and safe location for individuals who have tested COVID-19 positive or in close contact of a positive case and do not have an acceptable location in which to complete their isolation period
- High priority: Homeless, health care worker
- High risk of serious outcomes- > age 60, chronic health condition, or members of the house hold at risk of serious outcomes
- AIA for homeless population uses harm reduction approach
- Apartment or hotel accommodation with health supports for isolation period
- Designed based on the evidence-based At Home Chez Soi Study
- Over 800 people have utilized these services during 6 months
- This program could be expanded across Canada

Story

- 15 year old boy living in rural community in Manitoba losses a friend suddenly in an accident
- He is brought to the nursing station by his grand father because he is suicidal. He has also been in contact with someone who is COVID+
- He needs an Emergent mental health assessment but does not want to travel to Winnipeg for an assessment
- Virtual Telehealth assessment with a psychiatrist in Winnipeg- depression, no need for admission, offer virtual daily mental health supports and started on an antidepressant
- Alternate Isolation accommodation – hotel near community, both youth and grand father were able to stay in the hotel with daily support and isolate until the COVID test comes back
- Able to return home after test negative

Summary

- Use a public health approach to manage Mental health sequelae of COVID-19 pandemic
- Invest in virtual mental health care across elective and Emergent mental health services
- Invest in appropriate infrastructure for isolation in the community
- Success will only occur where there are strong partnerships across Federal, provincial, communities and private sectors