BRIEF PRESENTED TO THE HOUSE OF COMMONS STANDING COMMITTEE ON HEALTH ON THE IMPACTS ON MENTAL HEALTH OF THE SECOND WAVE OF THE COVID – 19 PANDEMIC

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BACKGROUND

Covid-19's second wave is posing some different challenges to our mental health and well-being from Wave 1 in at least two major ways. It is creating additional burden for Canadians who are already feeling tired, frustrated, angry and scared, especially for those whose problems are related to the pandemic, or have worsened over recent months. And it is placing additional demands on health and mental health care systems that are already having difficulty coping, and where demand already outstrips the available supply for service.

There are, however, a number of positives factors that we have going for us. We are better prepared, and have laid a foundation for addressing the challenges posed by distancing and isolation, especially with our rapid adoption of virtual care. We have a much better understanding of the virus and how to protect ourselves and others, and the impact it can have on our mental health and well-being. The pandemic has also built a sense of common purpose, a will to help one another, and a sense of collective responsibility on which we can continue to build. The impending arrival of vaccines offers a glimmer of hope amongst the uncertainty, although we need to be careful in overselling this, as we don't yet know exactly how this is going to play out. And we can continue to apply what we have learnt from what has worked during the first wave.

But on the other hand we are tired, and the longer the pandemic and isolation, distancing, lockdowns and uncertainty continue, the more the symptoms of stress become anxiety and the losses lead to depression, each compounded by additional stress and further losses and uncertainty. Our relationship problems become fixed patterns and our behaviours – both adaptive and maladaptive - become more entrenched. And feelings of individual and collective frustration and helplessness, lead us to fear more for our futures, whatever our life situation, and perhaps despair about what lies ahead.

Before answering the specific questions you have posed, I want to briefly review what the effects of Covid-19 have been, to give us some idea of what lies ahead, who are the most vulnerable and what our priorities should be. It has had an impact on the mental health of all Canadians, and in numerous ways, but its impact has varied. It has created stress in many areas of our lives; and we have experienced multiple losses - of social contacts, activities, social opportunities, supports, work, income have often had a cumulative effect. And for too many of us the loss of a loved one – whether to Covid or other conditions - under circumstances that have made grieving more difficult, has often delayed the grieving process and increased the risk of depression.

It has changed our family and social relationships; led to a deterioration of pre-existing health problems; exposed us to previously unimaginable traumas and led to worries about our physical, emotional, financial and social future wellbeing. There are also some specific "syndromes" that have been identified particularly as a result of the periods of lockdown and social distancing, such

as Lockdown fatigue, Covid Anxiety, Covid Insomnia and – in a different context – Zoom fatigue, and these are all likely to increase the longer the pandemic continues.

The distancing, isolation and lockdowns have also challenged our social cohesiveness, how we gather and what we can do, how we celebrate or grieve, or mark the passage of time, all of which have been at best unsettling, and exacerbated our feelings of loss, including a loss of meaning or purpose in our lives. We are by nature social beings, seeking each other out, and these contacts help to provide a positive psychological reaffirmation of who we are.

For some these impacts have been transient, and we have adjusted and moved on. This is important to bear in mind, as we need to avoid "pathologizing" what are natural reactions to very unnatural circumstances and recognise that many of us have coped and adapted, without the need for or with minimal involvement of additional services and supports. And for some there have been benefits – such as working from home, more family time, guaranteed income support – that have enhanced their mental health

Others, however, have and may continue to experience some symptoms of anxiety or depression sleeplessness, difficulties in concentrating, feelings of tension, but have been able to manage them. Almost 50% of us are reporting significant changes in our mental health and for many they have led to clinical symptoms of depression, anxiety and even suicidal ideation. And pre-existing mental health and addiction problems have been exacerbated because of the stress and losses, or because of changes in the availability or accessibility of care.

Of particular concern has been the impact of the trauma experienced by Canadians in so many different walks of life. This includes front line health care workers, first responders, people working in essential services who put their health in jeopardy everyday through the nature of their work, teachers, and friend or family members who have had to watch their relatives get sick and die without being able to be present in their final hours, days, or sometimes weeks, all of which have taken their toll. And one of the hardest parts is the "moral injury" whereby individuals are put in situations where they have to make choices or decisions that are incompatible with their values or beliefs or culture, but where they have no option because of the realities of the situation. We are even seeing healthcare workers, teachers, and other front-line personnel who are now considering leaving their professions in the wake of the workplace trauma caused by the COVID pandemic, something we cannot afford to allow to happen.

We have also seen gradual increases in alcohol, cannabis and opiate consumption, as well as in compulsive gaming. Some of this has resulted from individuals who have turned to drugs or alcohol to alleviate their stress, or as a recreational activity during lockdown, but which has escalated or got out of control. But there are many individuals with pre-existing problems, where

the limitations on access to supports, programs and social contacts have contributed to their increased consumption and an increase in deaths from overdoses.

These symptoms have also often been exacerbated by pre-existing inequities such as income, housing, including congregate living situations, education level, employment and work conditions, history and culture, race or ethnicity, family situations or stigma. It is the overlap of all of these factors – often referred to as intersectionality – that can further increase the risk of developing mental health and addiction problems, and which need to be taken into account when planning interventions.

And this has happened at a time when the pandemic has exposed the gaps in our existing mental health services. It has also reduced access to many supports, support groups, peer support, and community programs which have been reduced or even discontinued, and all of which can be extraordinarily beneficial as an integrated plan of care. Many Canadians also still experience anxiety about seeking care or going into a health care facility and which has often led to individuals delaying seeking care, a later onset of treatment, and possibly longer episodes of greater chronicity or intractability of their problems. And one of the potential challenges of the second wave will come from reductions in in-patient beds for a variety of reasons including the need for distancing or the temporary unavailability of staff, that will lead to people who would otherwise have been managed in hospital being managed in community settings.

So in responding to the questions you have posed it may be helpful to employ a 3 part framework, for both understanding the impacts of COVID-19 on the mental health and wellbeing of Canadians, and the steps we could be taking to improve the situation. These are

1) Issues directly affecting individuals and their families
2) The capacity of the mental health system to deliver effective care
3) Wider systems issues that affect mental health and our long-term recovery

FIRST NATION, INUIT AND METI COMMUNITIES will face particular challenges, many resulting from the pre-existing inequities they were already facing such as inadequate housing, lack of services, geographic isolation, food security and stigma. Lockdown has limited social contacts, which are an important part of the sense of community, while the imposition of external limitations may also have been seen as further traumatisation or has re-awoken intergenerational traumas. A lack of public health infrastructure or existing mental health services creates additional problems, and patchy access to highspeed internet may limit access to virtual care. We also need to remember that 32% of Indigenous individuals who are living off reserve and may not have access to even those resources and supports.

MEMBERS OF RACIALISED COMMUNITIES are also likely to experience additional stress because of systemic racism or bias, as well as other pre-existing inequities, including the locations where they may work. Black people already experience disproportionately higher rates of poverty, poorer health outcomes and must contend with anti-Black racism.

CHILDREN may be at particular risk, as they deal with anxieties about going to school, making a relative ill, loss of contacts with their friends or valued family members – who may also be important supports – and a loss of activities and programs, routines and structures. They may also be struggling with the challenge of spending lengthy periods of time in confined spaces, something that is particularly difficult for children with attention or behavioural problems. This may be even harder to explain or to accept the second time around.

Unsurprisingly, because of the stresses and pressures mentioned earlier and with reduced surveillance, child maltreatment rates have increased,. And one of the greatest causes of concern is that adversity in childhood increases the likelihood of physical and mental health problems in later life. The same also applies to newborn children, as the effects of stress during pregnancy can lead to similar long-term outcomes and highlights the importance of interventions aimed at children in their early years.

YOUNG ADULTS are likely to be struggling with the limitations placed on their social activities or the difficulties in establishing new social relationships, and may resent the things they are being denied. They may be anxious about the job market with fewer opportunities to get work skills or training and find it harder to move away from home, leaving them feeling like their futures have been put on hold or even taken away from them.

THOSE WHO HAVE LOST THEIR JOBS, many of which may never return, are also at greater risk. We know that losing a job can lead to depression, anxiety, loss of self-esteem, as well as the loss of material benefits, from which fortunately most have been protected by Covid Related benefits but who may face additional problems and financial stress when these expire. This is often compounded by other losses and changes in family relationships, and the longer a person remains out of work, the more enduring and severe the problems become.

For INDIVIDUALS LIVING WITH SIGNIFICANT PSYCHIATRIC (AND PHYSICAL) DISABILITIES AND THEIR FAMILIES, LIKE Autism Spectrum Disorder for example, services and supports have been closed, access to treatment is more difficult, and in-house supports have often had to cease visiting because they can't work in more than one location.

THE HOMELESS are also particularly vulnerable, as they are dealing with multiple social and economic changes challenges, may already be feeling isolated or abandoned, and are having to

deal with the loss of the few supports and programs they had access to, while often not possessing the technology to enable them to participate in virtual care

SENIORS in congregate living situations are more isolated, lack involvement with friends and relatives and a loss of routines. This has led to cognitive decline, social withdrawal and decreased activity levels and agitation and depression, which can also exacerbate co-existing physical health problems. For those living in their own homes - especially if they live alone, have mobility problems, or are dealing with grief or social isolation - their mood and wellbeing may be affected, whether by the increased isolation, concerns about going out, separation from family members, loss of roles (ie as grandparents or babysitters) and fewer community supports and services

IMPACT OF GENDER

We are seeing an increase in intimate partner violence, perhaps inevitable when individuals, often living in dysfunctional relationships, are on top of each other 24 hours a day without the normal outlets of work or social activities and with additional restrictions on their being able to go outside of their homes or what they can do when they do go outside. This is often fueled by increased access to alcohol.

CHILDCARE DEMANDS

A second gender related factor is increased childcare demands. And while there is some evidence that men maybe playing a more active role in household responsibilities, the bulk of childcare responsibilities are still falling to the mother. Many working parents are anxious about children being back at school, but even more so about what might happen if the schools have to close again and the pressures that this would place on families, especially mothers, as the work - life balance changes. Covid has also led to a decreased in female labour market participation.

TRAUMA

As outlined above, many individuals have experienced significant trauma, and we need to think about how we can assist individuals deal with this, before more lasting consequences set in. While not everyone who has experienced trauma will go on to develop PTSD, almost everyone who has can benefit from a validation of their experiences and decisions, access to additional support, to groups, and to peer support, and to common educational programs and activities that might assist them cope with their reactions. A number of steps have been shown to be effective, especially with Canada's Military and veterans, that can be applied more broadly.

VIRTUAL CARE

The evidence suggests that patients and providers alike like virtual care, whether by video, audio email or even text and find it more convenient with equally good outcomes to face to face care. We need to remember, however, that there are still many individuals who don't have access to

computers, or may not even possess a phone. We also need to consider any possible downsides of virtual care, as it can be tiring in ways that face to face care is not, and adjust for these

There are also a number of questions we also need to answer as we move in this direction

a) For which clinical situations and populations is virtual care particularly effective, and for which is face to face preferable (for both provider and consumer)
b) Are there particular kinds of therapy that lend themselves better to virtual care or to face to face encounters.
c) Does the structure and duration of a clinical session need to be adapted when it is virtual

MEETING THE INCREASE IN DEMAND

For all the reasons outlined earlier, our mental health systems, which were already stretched, face demands that are likely to continue to increase over the coming months. The longer the current situation continues the greater the likelihood that problems with increase and their severity worsen. There is no single solution, although there are common approaches which could benefit all, so we need to think about

1) smaller changes each of which may address a small part of the problem or help to reduce some of the demand.
2) Education, interventions or supports need to be tailored to meet the needs of specific groups of populations.

The last part of this brief suggests ideas that could be considered, or further examined. And I have used the same three part framework I referred to earlier:

- those aimed at individuals and families,
- those aimed at Expanding the capacity of our mental health systems,
- those that address wider systemic factors and socio-economic factors determinants that contribute to mental health and well-being

A) IMPROVING SERVICES AND SUPPORTS FOR INDIVIDUALS AND FAMILIES

To improve the services and supports we offer there are a number of options to consider

1) Strengthen our existing mental health systems

- **Provide additional funding** for specific programs, including some of those listed below
- **Develop a plan**, in conjunction with the Provinces and Territories, that outlines shared purpose, principles and goals to guide the work taking place across the country. This would be high level and provide a framework to assist each province, territory or health region with their own planning

- Gather data on the current needs to inform future service priorities, including the effects on children and youth and other populations at risk
- Develop a mechanism to share ideas that are working in different parts of the country, that could be adapted or adopted elsewhere
- Continue and formalise billing codes for virtual care.

2) Develop new models of care

- Care should be stepped ie the level of care / treatment provided should be tailored to the severity of an individual's problems, beginning with interventions that could benefit everyone.
- There should be an increased focus on early recognition by everyone working in the health care system – this can be supported by some of the on-line training strategies referred to below
- Virtual care also opens up possibilities for preventive or pro-active screening, ie routinely calling individuals or populations who may be at risk - such as all seniors in a primary care practice - to see how they are doing, identify problems they may be having and invite them to arrange a further visit with their family physician or other primary care provider if they think it would be helpful. These calls can also include specific tips for coping with different aspects of the pandemic
- Emphasise shorter term care including single session treatments
- Offer a wider range of specialised treatment for PTSD
- Facilitate rapid access to targeted services for individuals in the greatest distress
- Put a greater emphasis on system navigation to assist individuals in reaching the services they need, when they need them
- All mental health services should accept self-referrals

3) Develop new partnerships

It is going to be vital for our sometimes fragmented services to be able to work together more closely, to facilitate referrals from one service to another, ensure someone reaches the services they need as quickly as possible, and to pool and share expertise, resources and knowledge and provide each other with mutual support. A few examples of this could include

- Connecting services for women experiencing intimate partner violence with other essential services that have remained open during the pandemic to assist with
- Between mental health services and long term care facitlities
- Between mental health and community services – possibly developing local ad hoc integrated networks of different services

4) Support self care and management

We need to provide resources and assistance for individuals to look after their own well-being. Experience has taught us that these need to be brief, in both written and video format, and the voice of the person with lived experience is the most powerful way to get a message across. Ideas to facilitate this include:

- Provide easy access to interactive / curated educational resources for patients and families (ie on the Wellness Canada site)
- Develop and circulate a list of the (10) most useful sites for their patients and families that can be given to all primary care and front line providers
- Develop and post accessible guides and blogs (written and video) about topics such as
    - How to cope with the changes and challenges posed by physical distancing, lockdowns and limitations and relative isolations
    - Healthy lifestyle ie diet, exercise, sleep, and recognising and managing stress
    - Target resources at specific groups through dedicated sites ie advice for young adults, or for parents to help them deal with the problems their children are facing
- A Public Health Education Campaign about the mental health impacts of Covid, to help validate what people are experiencing, and to advise them as to what their options are, possibly featuring the voices of well-known Canadians talking about their mental health challenges during the pandemic

5) Optimise the use of on-Line Treatment Resources, including ICBT

- There are many Internet or app-based therapy tools, which may or may not require the involvement of a therapist, and which can be made more readily accessible. If this is to happen these resources need to be
    - Free to the user
    - "accredited" or screened in a quality control process before being promoted

6) Foster social connections

- Facilitate the establishment of support networks for individuals in similar situations
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7) Improve Internet Connectivity

- Especially to First Nation, Innuit and Metis communities and more remote communities

8) Funding research projects
   That will help us understand the impact of intervention aimed at specific populations, and redesigning our mental health care systems

B) EXPANDING THE CAPACITY OF OUR MENTAL HEALTH SYSTEMS

With limited resources in the traditional mental health system, we need to expand the number of people and providers who are trained and supported to deliver first line mental health care, and

look at what tasks they may be able to take on, that might previously been the preserve of others.This can be helped by:

1) On-line training for providers, that takes place either in real time or asynchronously

- Develop programs such as Project ECHO which can "train the trainer" to support front line providers when dealing with individuals with Covid related mental health problems
- Linkages to specific sites with helpful resources, such as VEGA (Violence, Evidence, Guidance and Action) providing advice regarding intimate partner violence
- Provide access to a small number of practical webinars and websites, relevant to dealing with the problems of the people they will be seeing

2) Expanded roles for other health care providers

- Primary care is uniquely positioned to meetsome of the unmet mental health needs of Canadians. It is the first point of contact for many individuals, especially those with anxiety about visiting hospitals, and it may be the only place an individual turns to for help with mental health and addiction problems. If they can be supported by on-line training and better collaboration with mental health providers they could play an extended role in the recognition, assessment, initiation of treatment and referral of individuals with mental health and addiction problems. And within primary care teams there are opportunities for health education, teaching about coping with the effects of lockdowns and social distancing, and peer support
- Community nurses, and other involved in providing services in someone's home, including nurses working with mothers during the post-partum period, can broaden their involvement in mental health education, problem identification and system linkages.

3) Peer support

Peers talking to each other has been shown to be an extremely effective way of providing support, and getting key messages across. Possible examples include:

- Build a network of peers who can support colleagues from the same who are struggling with trauma related issues they have faced themselves. One such example, currently being tested for the RCMP – the "Oncall Program" - whichlinks individuals seeking help after experiencing trauma with a peer from a list of individuals who have volunteered to assist (anywhere in the country but not in their own community), and who will contact them directly. The model, and the program's architecture could be readily adapted to any other professional group, or even to the wider public
- Use a common framework when training Peer support workers or health professionals such as LIVES (Listen, Inquire, Validate, Explain, Support)

SYSTEM AND SOCIO ECONOMIC CHANGES

All of the challenges of coping with Covid are compounded and exacerbated by pre-existing inequities and wider socio-economic factors that make particular groups more vulnerable, or affect their access to services. These have to be addressed at the same time as we are improving services for individuals and their families. Some ways to do this are:

Continue to address inequities, systemic barriers and stigma that may limit access to care, treatments received and outcomes

Provide additional supports for families and children

- Keep schools and Day care open as long as possible
- Enhance programming for children in their "earliest years" both formally and informally, to ensure they are coping with the stress and change Covid has caused
- Expanded access to child care, to enable full labour market participation for all, and to assist with the demands posed by working at home for parents with young children

Maintain income support for Low Income Canadians while the pandemic affects their work

a. CERB has demonstrated the importance of a guaranteed income in reducing some of the stress related to finances, and the positive effect this can have on a person's mental health. As this is so integral to an individuals wellbeing and that of their family, the continuation of income support is going to play a significant role in reducing stress and the likelihood of individuals being pushed to the point where they can no longer cope.