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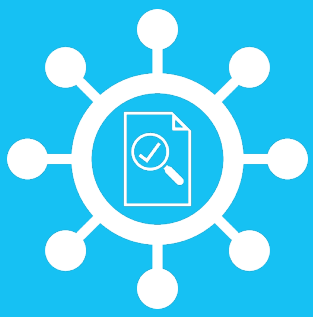
COVID-19 and Mental Health: Policy Responses and Emerging Issues

Preliminary Scan



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Contents

Introduction

Purpose

The lessons learned to date from COVID-19, and from earlier disasters and epidemics, suggest that planning and reforms are needed to stay ahead of mental health impacts that will be long term, complex, and may take time to fully emerge. This preliminary scan offers an overview of developing issues for policy makers and the mental health sector to consider. Over the coming months, the Mental Health Commission of Canada (MHCC) will work with its key partners to provide additional policy advice in response to COVID-19, in keeping with its mission to support the mental health of people in Canada.

Method

Conducted between March 28 and April 14, 2020, this scan set out to identify policy considerations and emerging issues amid the first wave of COVID-19, with a focus on the unmet and anticipated needs of vulnerable populations, health-care providers, and the mental health system. The scan concentrated on the impacts we might expect to see on population mental health over the medium term as well as on existing pressure points in the mental health system. Its components included a rapid review of the academic literature, an analysis of media reports, an international scan of COVID-19 impacts and responses (including direct outreach to key informants in 20 countries), and a scan of key stakeholder perspectives and experiences in Canada (including direct responses from eight national mental health organizations and professional associations).[*]

Overview of the findings – Key messages

The incredible response is leaving some people behind. A tremendously rapid and innovative response has been mounted to meet the needs of the general population by disseminating wellness information and quickly pivoting to virtual services and supports. But these offerings are not meeting the needs of some key vulnerable populations.

An opportunity exists to prepare and transform the system. The most significant impacts on mental health, substance use, and service systems are likely to be felt in the aftermath of the pandemic. Planning should begin now, including meaningful engagement with service users, so that the post-pandemic system incorporates innovations (e.g., in the area of virtual service provision) while not abandoning the transformations underway before COVID-19.

Focusing on health and mental health care providers is key. Supporting and building on the mental health supports offered to front-line health-care providers and identifying the mental health requirements of mental health professionals are key to meeting their needs during and after the crisis. Focused attention on workforce planning for the post-pandemic period is also necessary to better align workforce capacity (public and private sector) with the mental health needs of the population.

[*] Synthesis reports for each component of the scan are available on request.

The mental health impacts are delayed, complex, and long term. The lessons learned internationally from COVID-19, and from earlier disasters and epidemics, suggest that planning and reforms are important for staying ahead of mental health impacts that will be long term, complex, and may take time to fully emerge.

Fostering resiliency is important. Anticipating the increased prevalence of mental health problems and illnesses due to COVID-19 must be balanced against the risk of pathologizing normal emotional responses to an unprecedented and highly stressful situation. Mental health services and interventions that support meaning-making and post-traumatic growth and resilience will need to be available early on to buffer and protect the psychological health of people in Canada.

Highlights from the Scan

Incredible response leaving some behind

A tremendously rapid and innovative response has been mounted to meet the needs of the general population with the release of mental health promotion and wellness information and a quick pivot to virtual services; however, some key vulnerable populations are being left behind.

- The flood of wellness and self-care information is aimed either at the general population or those with mild-to-moderate mental health problems and illnesses. These resources may not be reaching or be appropriate for certain populations who are among the most vulnerable.
    - Examples of populations less likely to benefit from mental health self-help information include people who (1) are experiencing domestic or family violence or other exposures to trauma, (2) are unable to access technology, (3) are experiencing precarious housing or homelessness, (4) have reduced social networks, (5) are living in poverty or in rural and remote areas, (6) are members of First Nations, Inuit, and Métis or immigrant, refugee, ethnocultural, and racialized communities, (7) have pre-existing health problems, (8) are children, and (9) are seniors.[1-4]
    - There is a need for "authoritative, authentic, agenda-free mental health messaging" to cut through the massive amount of information now available, so it reaches vulnerable populations through mainstream media (key informant, Canada).
- The rapid transition to virtual services is filling important gaps, but these services are not appropriate or equitably accessible for all people in Canada.[5]
    - A coordinated approach to virtual services is lacking. The types of services being offered differ by provider and client population across the country.[6] The federal government's new Wellness Together Canada portal has begun to fill that gap, but broadband connectivity and other issues must still be addressed.
    - Virtual care approaches may not be appropriate for people with serious mental illness (SMI) who have been or continue to be in substance use recovery or inpatient care environments (key informant, Canada).
    - For inpatient and community care environments, maintaining the integrity of service delivery and continuity of care (using a flexible approach) during and after a crisis is essential to individuals with SMI.[7-9]

- COVID-19 is converging with an already devastating drug poisoning crisis, with drastic consequences for people who use drugs. Opioid overdoses have increased since the beginning of the pandemic.[10]

Opportunity to prepare and transform the system

The impact on population mental health, service systems, and research will not be fully felt until the pandemic has ended:

- Community disasters and pandemics aggravate stressors and vulnerabilities, including family violence, social isolation, job loss, and related social precarity (e.g., housing insecurity, poverty, food insecurity) — most of which have robust links to increased mental illness.[11-15] Together, these can trigger mental distress, suicide, and drug use and compound pre-existing mental illnesses. The impacts on mental health may only show up months after a disaster has passed.[16-18]
- Those reporting income-related post-traumatic stress often have annual household incomes below $40,000.[19]
- "There has been a large diversion of research funding to COVID and away from prior service system issues. There is a need to rebalance the research work to support both reactive and long-term research" (key informant, Canada).

We can expect that the stressors resulting from social distancing and isolation will add pressures at multiple levels onto an already strained mental health system, and that the response will require a range of measures. These include:

- implementing population-wide strategies for suicide prevention
- addressing socio-economic inequities in the process of economic recovery
- using population wellness promotion strategies (e.g., in workplaces) during the recovery or transition period
- assessing and dealing with the impact of reduced, delayed, or diverted care and supports for people with SMIs, people with lived experience of substance use, and those in the community mental health sector
- learning from and building on the experience of the rapidly increasing access to virtual care for people with mild-to-moderate conditions

Key informants have urged that, in the next phase of the pandemic response, reactive interventions be balanced with long-term, sustainable solutions to new and pre-existing gaps through partnerships across the mental health and substance use sectors. These solutions need to be grounded in the knowledge of service users and providers and be based on the principles of co-design.

As one key informant from Canada stated, there may only be a small window for doing this type of work:

> There is an opportunity to begin to engage in meaningful conversations with service users [and] providers (including community mental health services) to inform [and] guide [the] post-pandemic system to incorporate innovations in virtual care while not leaving behind the transformations that were underway.

Focusing on health and mental health care providers

Essential front-line providers include healthcare workers in hospitals, personal support workers (PSWs), and other staff in long-term care homes, who are all experiencing severe impacts to their well-being because of COVID-19. During the pandemic, concerns have been raised regarding PSWs' access to adequate personal protective equipment (PPE) and infection control training. The crisis has also shone a light on PSWs' very low compensation levels and their lack of benefits and work security. Essential healthcare providers working at the front lines of COVID-19 are at increased risk for poor mental health outcomes, including anxiety, depression, PTSD, and suicidal ideation.[20-22] For people who work during surge conditions, the impacts on their mental health are expected to be more pronounced. Strategies to help reduce these effects must consider the following:

- Foundational to mitigating the stresses experienced by front-line workers are preparedness, coordination, and the provision of necessary services and supplies.[23-25] Suitably preparing staff for expected challenges reduces the risk of mental health problems.[26]
- Stepping up supports for health-care providers — recognizing that they are more likely to experience moral distress during a crisis like COVID-19 and do so more frequently.[27]
- Mental health supports should include peer-to-peer supports and designated warm lines[*] (key informant, Canada).
- The types of suitable mental health supports and interventions offered to front-line healthcare workers will vary based on the phase these workers are in (i.e., the response in the acute/core phase of the pandemic versus the aftermath).

Front-line providers who serve populations with serious mental illness or substance use disorders — including shelters and residential or inpatient facilities who rely on face-to-face service provision — confront the greatest challenges from the added constraints of COVID-19. In meeting immediate needs, mental health care workers generally face distinct challenges. Among them are those posed by longstanding and unresolved issues:

- The range of current issues spans licensing restrictions, limitations on coverage for mental health services under extended health benefits plans, privacy and ethical issues, and equitable fee codes for physicians. Questions about what happens after the crisis-level rationale for virtual care fades are beginning to be raised (key informant, Canada).
- Scope of practice regulations create barriers to realizing the full mental health human resource capacity of providers who can respond in times of crisis.
    - In some cases, there is room for expansion and/or a possibility of calling on providers to deliver care outside their normal scope of practice.[28,29]
    - There is also evidence that, in certain contexts, peer workers can have a valuable role in the provision of mental health supports for people experiencing crisis, as evidenced in the case of Ebola responders who were trained to provide cognitive behavioural therapy.[30]
- PPE supplies must be as equally available for mental health professionals as for other health workers, including front-line staff in shelters (key informant, Canada).

[*] Non-emergency telephone peer support and referral services operated by people with lived experience.

- Some questions are beginning to be raised about workforce capacity during the post-pandemic period, particularly in light of the longstanding under-resourcing of mental health.
    - Many front-line workers will need time to rest and recover (key informant, Canada).
    - Owing to extended disruptions and limited access to outpatient and inpatient services, demand is likely to surge.
    - "Because of need to implement infection control measures, inpatient and day-recovery services have been disrupted" (key informant, Canada).

Mental health impacts delayed, complex, and long term

Internationally, the early lessons learned from COVID-19, and from previous disasters and epidemics, suggest that concerted planning and reforms are needed to stay ahead of the worst mental health and substance use impacts. Around the world, countries have confronted similar challenges and responded in similar ways. Broad mental health promotion messaging, efforts to shore up income and provide safe housing for vulnerable groups, shifts to online service delivery, and a scramble to address the needs of people with SMI have been typical. Shared international challenges include:

- An intensification of impact — including on the health workforce — as the health-care system is overloaded.
    - "This virus has breached our front lines, taking people out one at a time. In the military we have battle buddies. Wingmen. Keeping an eye on each other" (key informant, U.S.).
    - "Supports for staff in COVID wards have been put in place everywhere but not yet coordinated or scaled up" (key informant, Madrid).
- Key gaps in the needs of people with SMI and in mental health workforce planning.
    - Some people receiving inpatient care in Spain are being shifted to "home hospitalizations" on short notice.
    - "The decision [to lock down a psychiatric ward in South Korea] entailed a lot of agony [but] it was inevitable since it was hard to find a place where their viral infection and mental health conditions could be treated together at the same time."[31]
    - "PPE has been the priority. It has swamped the possibility of prioritizing the mental health workforce" (key informant, Europe).
    - In France and Italy, psychiatrists, psychologists, and in some instances mental health nurses, were called to the front lines of the COVID-19 health response.
- Long-term, complex mental health impacts on the general population that may take time to emerge.
    - The mental health impacts from COVID-19 will follow a different pattern than psychiatric and mental health outcomes after natural disasters or shorter, more contained epidemics.
    - The prevalence and severity of mental health problems and illnesses resulting from the pressures of COVID-19 will depend on how the pandemic manifests in specific regions and the responses that are implemented. Prolonged periods of quarantine could worsen psychological symptoms.[32]
    - A one-size-fits-all approach is likely to be ineffective. Rather, we will need to ensure that we can evaluate the effectiveness of various interventions and share the lessons learned quickly.

Fostering resiliency

While emerging reports from heavily affected countries point to an increased incidence of mental health problems,[33,34] expectations of increases in Canada must be balanced against the risk of pathologizing normal emotional responses to an unprecedented and highly stressful situation. The most important elements of doing so include

- informing our interventions by monitoring the mental health impacts and service utilization patterns during COVID-19
- making services and interventions that support meaning-making and post-traumatic growth and resilience available as early as possible (to buffer and protect people's psychological health)
- intervening early to prevent normal feelings of psychological distress from translating into mental illness.[35,36]

Moving forward

Over the coming months, the MHCC will collaborate with its key partners to provide additional policy advice on COVID-19.

For further information on the MHCC's COVID-19 policy response, contact Dr. Mary Bartram at mbartram@mentalhealthcommission.ca.

Other COVID-19 mental health and wellness resources are available at the MHCC's Resource Hub.

References

[1] Armitage, R., & Nellums, L. B. (2020). Considering inequalities in the school closure response to COVID-19 [Correspondence]. *Lancet Global Health, 8,* e644. https://doi.org/10.1016/S2214-109X(20)30116-9

[2] Kirby, T. (2020). Efforts escalate to protect homeless people from COVID-19 in UK. *Lancet Respiratory Medicine, 8,* 447-449. https://doi.org/10.1016/S2213-2600(20)30160-0

[3] Madrid, P. A., Sinclair, H., Bankston, A. Q., Overholt, S., Brito, A., & Grant, R. (2008). Building integrated mental health and medical programs for vulnerable populations post-disaster: Connecting children and families to a medical home. *Prehospital and Disaster Medicine, 23*, 314-321. https://doi.org/10.1017/S1049023X0000594X

[4] Guarino, K., & Bassuk, E. (2010). Working with families experiencing homelessness: Understanding trauma and its impact. *Zero to Three, 30, 11-20.*

[5] Zhou, X., Snoswell, C. L., Harding, L. E., Bambling, M., Edirippulige, S., Bai, X., & Smith, A. C. (2020). The role of telehealth in reducing the mental health burden from COVID-19. *Telemedicine and e-Health, 26*, 337-379. https://doi.org/10.1089/tmj.2020.0068

[6] Moore, O. (2020, March 15). Ontario insurance to cover some forms of virtual medical care to reduce virus spread. *Globe and Mail*. Retrieved from https://www.theglobeandmail.com/canada/article-ontario-insurance-to-cover-some-forms-of-virtual-medical-care-to/

[7] McMurray, L., & Steiner, W. (2000). Natural disasters and service delivery to individuals with severe mental illness — Ice storm 1998. *Canadian Journal of Psychiatry, 45*, 383-385. https://doi.org/10.1177/070674370004500408

[8] Shi, Y., Wang, J., Yang, Y., Wang, Z., Wang, G., Hashimoto, K., . . . & Liu, H. (2020). Knowledge and attitudes of medical staff in Chinese psychiatric hospitals regarding COVID-19. *Brain, Behavior, and Immunity — Health*, Article 100064, 1-5. https://doi.org/10.1016/j.bbih.2020.100064

[9] Stout, C. E., & Knight, T. (1990). Impact of a natural disaster on a psychiatric inpatient population: Clinical observations. *Psychiatric Hospital, 21*, 129-135.

[10] National Academies of Sciences, Engineering, and Medicine. (2020). *Opportunities to improve opioid use disorder and infectious disease services: Integrating responses to a dual epidemic*. Washington, DC: National Academies Press. https://doi.org/10.17226/25626

[11] Levin, J. (2012). Mental health assistance to families and communities in the aftermath of an outbreak. In D. Huremović (Ed.), *Psychiatry of pandemics: A mental health response to infection outbreak* (pp. 143-152). Cham, Switzerland: Springer Nature. https://doi.org/10.1007/978-3-030-15346-5

[12] Kerr, W. C., Kaplan, M. S., Huguet, N., Caetano, R., Giesbrecht, N., & McFarland, B. H. (2017). Economic recession, alcohol, and suicide rates: Comparative effects of poverty, foreclosure, and job losses. *American Journal of Preventive Medicine, 52*, 469-475. https://doi.org/doi:10.1016/j.amepre,2016.09.021

[13] Moore, T. H. M., Kapur, N., Hawton, K., Richards, A., Metcalfe, C., & Gunnell, D. (2017). Interventions to reduce the impact of unemployment and economic hardship on mental health in the general population: A systematic review. *Psychological Medicine, 37*, 1062-1084. https://doi.org/10.1017/S0033291716002944

[14] Rohde, N., Tang, K. K., Osberg, L., & Rao, P. (2016). The effect of economic insecurity on mental health: Recent evidence from Australian panel data. *Social Science and Medicine, 151*, 250-258. https://doi.org/10.1016/j.socscimed.2015.12.014

[15] Walsh, F. (2007). Traumatic loss and major disasters: Strengthening family and community resilience. *Family Process, 46*, 207-227. https://doi.org/10.1111/j.1545-5300.2007.00205.x

[16] Sullivan, G., Vasterling, J. J., Han, X., Tharp, A. T., Davis, T., Deitch, E. A., & Constans, J. I. (2013). Preexisting mental illness and risk for developing a new disorder after Hurricane Katrina. *Journal of Nervous and Mental Disease, 201*, 161-166. https://doi.org/10.1097/NMD.0b013e31827f636d

[17] Kessler, R. C., Galea, S., Gruber, M. J., Sampson, N. A., Ursano, R. J., & Wessely, S. (2008). Trends in mental illness and suicidality after Hurricane Katrina. *Molecular psychiatry, 13*, 374-384. https://doi.org/10.1038/sj.mp.4002119

[18] Kessler, R. C., Galea, S., Jones, R. T., & Parker, H. A. (2006). Mental illness and suicidality after Hurricane Katrina. *Bulletin of the World Health Organization, 84*, 930-939. https://doi.org/10.2471/blt.06.033019

[19] Brooks, S. K., Webster, R. K., Smith, L. E., Woodland, L., Wessely, S., Greenberg, N., & Rubin, G. J. (2020). The psychological impact of quarantine and how to reduce it: Rapid review of the evidence. *Lancet, 395*, 912-920. https://doi.org/10.1016/S0140-6736(20)30460-8

[20] U.S. Department of Veterans Affairs. (2020). *Managing healthcare workers' stress associated with the COVID-19 virus outbreak*. National Center for PTSD. Retrieved from https://www.ptsd.va.gov/covid/COVID_healthcare_workers.asp

[21] Mantell, M. (2020, April 4). Nurses and doctors, shield thyselves. *Thrive Global.* Retrieved from https://thriveglobal.com/stories/nurses-and-doctors-shield-thyselves/

[22] Dekel, R., & Baum, N. (2010). Intervention in a shared traumatic reality: A new challenge for social workers. *British Journal of Social Work, 40*, 1927-1944. https://doi.org/10.1093/bjsw/bcp137

[23] Brooks, S. K., Dunn, R., Amlôt, R., Greenberg, N., & Rubin, G. J. (2016). Social and occupational factors associated with psychological distress and disorder among disaster responders: A systematic review. *BMC Psychology, 4*, Article 18, 1-13. https://doi.org/10.1186/s40359-016-0120-9

[24] Brooks, S. K., Dunn, R., Clara, A. M., Amlôt, R., Greenberg, N., & Rubin, G. J. (2015). Risk and resilience factors affecting the psychological wellbeing of individuals deployed in humanitarian relief roles after a disaster. *Journal of Mental Health*, *6*, 385-413. https://doi.org/10.3109/09638237.2015.1057334

[25] Boin, A., & Bynander, F. (2015). Explaining success and failure in crisis coordination. *Geografiska Annaler: Series A, Physical Geography, 97*, 123-135. https://doi.org/10.1111/geoa.12072

[26] Greenberg, N., Docherty, M., Gnanapragasam, S., & Wessely, S. (2020). Managing mental health challenges faced by healthcare workers during COVID-19 pandemic [Analysis]. *BMJ, 368,* 1-4. https://doi.org/10.1136/bmj.m1211

[27] Canadian Medical Association. (2020). *COVID-19 and moral distress*. Retrieved from https://www.cma.ca/sites/default/files/pdf/Moral-Distress-E.pdf

[28] Singer, J. A. (2020, March 26). Health care scope of practice laws reveal another weakness in response to COVID-19 pandemic [Blog commentary]. Retrieved from the Cato Institute website: https://www.cato.org/blog/health-care-scope-practice-laws-reveal-another-weakness-response-covid-19-pandemic

[29] Laupacis, A. (2020). Working together to contain and manage COVID-19 [Editorial]. *Canadian Medical Association Journal, 192*, e340-e341. https://doi.org/10.1503/cmaj.200428

[30] Waterman, S., Hunter, E. C. M., Cole, C. L., Evans, L. J., Greenberg, N., Rubin, G. J., & Beck, A. (2018). Training peers to treat Ebola centre workers with anxiety and depression in Sierra Leone. *International Journal of Social Psychiatry, 64*, 156-165. https://doi.org/10.1177/0020764017752021

[31] Kim, M. J. (2020, March 1). "It was a medical disaster": The psychiatric ward that saw 100 patients diagnosed with new coronavirus. *Independent.* Retrieved from https://www.independent.co.uk/news/world/asia/coronavirus-south-korea-outbreak-hospital-patients-lockdown-a9367486.html

[32] Brooks, Webster, et al. (2020). The psychological impact of quarantine and how to reduce it.

[33] Ho, C. S. H, Chee, C. Y. I., & Ho, R. C. M. (2020). Mental health strategies to combat the psychological impact of coronavirus disease (COVID-19) beyond paranoia and panic [Commentary]. *Annals, Academy of Medicine, Singapore, 49,* 155-160.

[34] Huang, Y., & Zhao, N. (2020). Generalized anxiety disorder, depressive symptoms and sleep quality during COVID-19 outbreak in China: A web-based cross-sectional survey. *Psychiatry Research, 288*, Article 112954, 1-6. https://doi.org/10.1016/j.psychres.2020.112954

[35] Jeong, H., Yim, H. W., Song, Y.-J., Ki, M., Min, J.-A, Cho, J., & Chae, J.-H. (2016). Mental health status of people isolated due to Middle East Respiratory Syndrome. *Epidemiology and Health, 38*, 1-7. https://doi.org/10.4178/epih.e2016048

[36] North, C. S., & Pfefferbaum, B. (2013). Mental health response to community disasters: A systematic review. *JAMA,* 7, 507-518. https://doi.org/10.1001/jama.2013.107799

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