Roundtable on Mental Health and Substance Use Health Polling Report

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Health Canada / Santé Canada

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Executive Summary

Population-wide polling added value to the decision-making process during COVID-19 and beyond, and it should continue.

On February 2, 2023, the Mental Health Commission of Canada (MHCC), the Canadian Centre on Substance Use and Addiction (CCSA), and Mental Health Research Canada (MHRC) held an invitation-only virtual event, bringing together various organizations and leaders who had been conducting population-wide polling throughout the pandemic. This report summarizes the speaker presentations and the major themes that arose in the breakout sessions and discussions.

The panel included presenters from MHRC, the Public Health Agency of Canada (PHAC), the Canadian Mental Health Association (CMHA), the Centre for Addiction and Mental Health (CAMH), and CCSA (presenting on behalf of the CCSA-MHCC joint polling initiative).

A key finding from all polling initiatives is that the COVID-19 pandemic had significant impacts on mental health and substance use health, particularly among women, youth, 2SLGBTQ+ communities, low-income individuals, health-care workers and others experiencing intersecting forms of vulnerability. In addition, all organizations saw the value of having multiple sources and collaboration around reliable, real-time data to influence government, foster equity-based decision making, and better direct funding, resources, and services where they are needed most. Variations between polling initiatives were based on differences in methodology and on how and when survey questions were asked. For example, the CCSA-MHCC joint polling project was the only one to significantly track the relationship between mental health and substance use health.

A special presentation from Tiyondah Fante-Coleman at the Black Health Alliance (BHA) on the Pathways to Care project highlighted some of the challenges and impacts of the pandemic for Black youth in Ontario and the importance of qualitative research alongside polling and surveys. As well, Anita David, Co-chair of the MHCC's Hallway Group and Lived Experience Strategic Advisor at BC Mental Health and Substance Use Services, shared her lived experience on some of the ways the pandemic has impacted her well-being.

In addition to the panellists and presenters — consisting of key decision makers, policy experts and/or representatives of help-seeking groups — over 22 participants commented on the findings, their implications, and what future priorities should be. One priority related to data that should draw more attention: a lag in improvement among some groups against general mental health indicators. Consistent remarks were also made about how similar findings from multiple credible sources strengthened their impact on policy. As well, many people mentioned the role of qualitative research in helping us better understand people's experience with the mental health and substance use health impacts of the pandemic. An excellent point was also made about other methodologies that might be used to reach those facing participation barriers in these data collections, such as people living in institutional settings. Everyone agreed that the continued collection of these metrics was important.

In closing, MHRC and PHAC described their existing collaboration for ongoing data collection and how the major themes from the roundtable will continue to inform their work.

Presentation highlights

Each presenter provided a brief overview of their project and its findings:

Michael Cooper, Vice-President of Development and Strategic Partnerships at MHRC:

- MHRC began collecting data in April 2020 and will continue until at least March 2025.
- There have been over 45,000 respondents to date, and information is collected quarterly.
- The project is funded by Health Canada, and work is stakeholder driven with 70 per cent of the questions being static and 30 per cent interchangeable.
- The polling includes a wide array of demographic variables with mental health indicators, including clinical screeners, self-rated scales, existing diagnosis, data across various population groups, and access to mental health care.
- Data is shared freely at no cost, with about 40 research and government partners.

Mélanie Varin, Epidemiologist and Team Lead at PHAC:

- PHAC co-led the Survey on COVID-19 and Mental Health (SCMH) with Statistics Canada to better understand the self-reported mental health of people in Canada during the pandemic and to fill the gaps in routine mental health surveillance data due to collection disruptions.
- The SCMH is a nationally representative cross-sectional survey among adults 18 and older conducted across Canada, including all provinces and territories.
- There have been two cycle collections to date, fall 2020 and mid-2021. A third is planned for spring 2023, and each collection has had about 6,000 to 12,000 respondents.
- In tracking seven mental health indicators during the pandemic, it found a decrease in positive mental health outcomes (self-rated mental health and community belonging) and an increase in negative mental health outcomes (suicide ideation, anxiety, mood disorders, PTSD, and concern for violence in the home).
- Gender differences were also found in four of seven mental health indicators. This finding includes a higher prevalence for women of generalized anxiety disorder, major depressive disorder, and PTSD as well as a lower prevalence of self-rated high mental health.
- There are multiple data tools and knowledge mobilization efforts through the Government of Canada website.

Sarah Kennell, National Director, Public Policy, CMHA:

- CAMH conducted four cross-sectional data collections from May 2020 to December 2021, in partnership with the University of British Columbia, and surveyed over 3,000 adult respondents.
- The polling initiative was informed by a longitudinal survey by the Mental Health Foundation in the United Kingdom.
- Its goal was to better understand the impact of COVID-19 on mental health in Canada, with a view to better responding to needs (from a program and service delivery perspective) and informing ongoing conversations about governments' response to the pandemic at all levels.
- The survey was able to look at the impact the pandemic was having on mental health, based on age, gender, geographic location, household income, etc.
- It found an increase in anxiety, stress, depression, and suicidal ideation at the outset of the pandemic, with those having existing and intersecting forms of vulnerability most likely to experience these spikes.

- Unique and specific elements of the pandemic influenced people's mental health, including increases in anxiety, stress, and depression — particularly in relation to the emergence of new variants, concerns about exposure, contracting COVID-19, and lockdowns.
- Intersections with other factors that contributed to stress included climate anxiety, food security, increased costs of living, and intimate partner violence.

Dr. Hayley Hamilton, Senior Scientist with the Institute for Mental Health Policy Research at CAMH:

- CAMH conducted nine waves of data collection between May 2020 and January 2022, with 1,000 respondents in each wave, focusing on English speakers 18 and older in Canada. Data can be downloaded free of charge through Delvinia.
- Among the key findings was the fact that anxiety fluctuated during waves of the pandemic, peaking in May 2020, early 2021, and again in January 2022. The January 2022 poll showed moderate to severe anxiety levels like the first wave.
- While this trend was generally similar for men and women, women were often significantly more likely to screen at moderate to severe anxiety symptoms, which was consistent with pre-pandemic findings. There were also gender differences between waves that may reflect different experiences during the pandemic.
- There were different findings for older adults in terms of better mental health. Those with jobs and a higher risk of COVID-19 exposure were more likely to report worse mental health symptoms.

Dr. Robert Gabrys, Senior Research and Policy Analyst with CCSA, shared the findings from their joint project with the MHCC:

- Ten polls were conducted from October 2020 to March 2022.
- They found that almost 35 per cent of respondents reported experiencing moderate to severe mental health concerns, including symptoms of anxiety, depression, and suicidal ideation. As well, 25 per cent of respondents who use alcohol or cannabis reported problematic use. These concerns remained elevated throughout the polls.
- Despite high rates of concerns, not many people were accessing supports for mental health — and even fewer for substance use — with not knowing where or how to get help, long wait-lists, and high service costs as the top reasons.
- Individuals with low income were 1.4 times as likely to report moderate to severe symptoms of depression and anxiety compared to those who were not at low-income levels.
- The findings also showed a strong correlation between substance use and mental health concerns (especially depression and suicide ideation).
- The top stressors were financial concerns and social isolation, although this varied by group; for example, school was the top stressor for youth.

Tiyondah Fante-Coleman, Researcher on the Pathways to Care Project, BHA:

- The Pathways to Care project collected qualitative data between March 2020 and August 2021, speaking to 128 participants, including 66 Black youth, 35 service providers, and 27 family and community members in southern Ontario. This includes youth who identified as 2SLGBTQ+, youth involved in the justice system, and francophone youth.
- The research found that Black youth have been historically excluded from access to Ontario's mental health care system, and that systematic and historic anti-Black racism weaves itself through all levels of care.

- At the policy level, the lack of a community of practice and culturally responsive funding and services designed to meet the needs of Black youth and speak to their realities are barriers created through anti-Black racism.
- At the systems level, there were challenges related to the absence of care that can address multiple complex needs as well as to coordination between service providers. Silos make it hard to transition between care, and Black youth are falling through the cracks. Also detrimental were short lengths of service and a lack of crisis support. In terms of wait-times, Black youth are waiting twice as long for care, which is another challenge.
- While isolation from school and peers due to the pandemic and lengthy wait-times were significant issues, community-based responses around COVID-19, the move to virtual services, and increases for addressing social determinants of health and funding service expansion led to improvements.
- The presentation then explored how qualitative methods, critical theory, and community-based participatory research can deepen our understanding of community needs:

    - Good qualitative research is rigorous and takes time. It must be informed, engaging, and authentic. Aligning qualitative and quantitative research can create more rigour.
    - Community-based participatory research also considers the holders of expertise, meaning making, and what communities know and want to know.

MHCC Hallway Group co-chair Anita David then provided insight into how the pandemic brought different challenges and opportunities for her well-being:

- At first, she did not think the pandemic had impacted her mental health, but after further exploration she realized that her well-being had been affected through boredom that slipped into depression.
- Some of the initial habits that masked the depression included increased cannabis use (that led to a diagnosis of cannabinoid hyperemesis syndrome) and the transition to online interactions, including excessive Zoom meetings, online shopping, and mindless zoning out due to the ongoing consumption of TV and movies.
- After realizing that her mental health had declined, she sought professional help, recognizing her privilege in being able to afford such support.
- Through the help she received, she developed a myriad of new and positive coping mechanisms and resources as well as new experiences to challenge her depression.
- This included pursuing passion projects such as taking a creative writing course, adding a healthy meal prep service, ensuring she had more than enough project work online, developing a regular yoga practice, socializing with friends, accumulating positive experiences, and having fun events to look forward to (e.g., dancing at an upcoming concert and attending a writer's retreat).
- What she learned was that we are all a work in progress, many things are out of our control, and being mindful in the moment allows us to gather experiences that make life worth living.

Key themes from the Q&A

The following items summarize the discussion of policy implications, lessons learned, challenges encountered, and priorities moving forward.

- Real-time data was important for informing government decision making, directing resources, informing the public, and keeping the national conversation focused on mental health.
- Multiple sources of data, an overall similarity in findings, and collaboration led to more robust, credible, and equity-driven data that is always improving.
- The polling data is a response to the constant question: Can we validate and respond to mental health needs using a data-informed approach? Data is a key tool for identifying gaps and measuring success.
- Different methodologies, polling data, nationally representative data, and qualitative data are all important for conveying the different parts of the mental health and substance use health story.
- In discussing which groups were under-represented and how we might need additional methodologies for key groups, a particular challenge was raised around partnering with Indigenous communities and collecting data for a variety of factors. Time must be built in for consultation to include all Indigenous communities, collective data rights, and the unique needs of different groups.
- Challenges exist regarding the use of more recent data on substance use versus traditional scales, which look at data over long time frames.
- There is a need for ongoing equitable data analysis where population demographic groups are not recovering and for looking into how people access mental health services.
- The newest data indicates that mental health has been improving through 2022, but the level of mental health concerns remains elevated compared to the data collected before the pandemic.

Breakout sessions

Participants were divided into breakout rooms and asked three questions. Both questions and answers are summarized below.

What stood out for you from the presentations/panel?

- The extensive amount of research being conducted.
- The consistency in the findings across the various projects, making the collective work trusted.
- That the data governments need to make policy changes is available.
- Funding was allocated to independent polling initiatives through an intersectional lens.
- Including diverse and intersectional demographic data helped validate the research.
- Identified gaps in community care and mental health and substance use care should be a priority, focusing on specific demographics with worse mental health indicators.
- The findings show how important it is to have people with lived experience at the forefront of policy change.
- It should not take a pandemic for organizations to pursue these polling projects. By using this data, could there be a way to prevent mental health/substance use concerns?

- There are safe spaces available for people experiencing mental health/substance use issues that are accessible for marginalized populations, including at the Black Health Alliance
- It demonstrated the importance of having community-level involvement, as this approach to qualitative research brings a much deeper understanding of the needs of diverse populations.
- Although collaboration is important, having organizations working on similar projects could hinder efficiency.

What are the implications of the key findings from your experiences?

- Conversations in the media around mental health and substance use have increased significantly.
- With poll findings being accessible to the public, it allows the general population to have an increased understanding of mental health issues.
- The impacts of the pandemic on substance use are expected to have long-lasting effects. It was noted in relation to various demographic, ethnic, and cultural variables pertaining to perceptions around problematic substance use.
- Using real-time data to inform decision makers more quickly, encourage the prioritization of mental health, and adapt services.
- The evidence can be used to speak with employers about investing in mental health (such as benefits and disability claims).
- These projects help identify specific areas of increased demand for service, which could expand to social and economic situations, not just mental health.
- Increased mental health literacy decreases the stigma associated with mental health.

What are the priorities for polling moving forward?

- Continue the discussion around the role of polling and the barriers to accessing or participating in polling initiatives, (e.g., unhoused people in Canada, those without internet, physically disabled), which may impact related outcomes. As well, focus on populations that were not highlighted.
- Potentially construct a meta-analysis of the collective findings.
- Continue adding to the indicators, including new questions and various ways to measure mental health as we come out of the pandemic.
- How can the data be used to predict moments of low mental health scores, leading to accessible services?
- How can the polling be done in a way that encourages people with challenging lived experiences to respond and feel safe doing so?
- Include questions related to gambling — which became more accessible during the pandemic.
- Adding qualitative data to the quantitative data to capture the whole story.
- What is the best way to better communicate findings with policy makers in order to continue progressing and making the necessary changes?
- Use the polling projects to follow up and analyze how people are recovering and identify those who are not (and need more support). The goal is to build resiliency and decrease vulnerability. Programs need to be developed to fit that need.
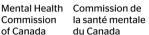
Key Takeaways and Recommendations: What is Needed

1. Increased cohesion and coordination that takes a higher-level, overarching perspective and ensures that all organizations are collectively covering gaps in underserved communities for maximum efficacy (continuing to have organizations with the same findings increases trust, impact, awareness, etc.).
2. More engagement with people who have lived and living experience and individuals who have not been previously engaged in polls.
3. Shared community-level understandings and knowledges to better comprehend the needs of diverse demographic groups, particularly those with intersecting marginalization (e.g., lower income, racialized, disabilities).
4. Greater system response for addressing increased population mental health and substance use health needs during the pandemic, as well as the next all-encompassing stressor such as climate change and inflation.
5. National polling initiatives to help inform and direct research at all levels of government and public and private sectors while making the case for investment.

Conclusion

One other major takeaway was the demonstration of extensive collaboration between MHRC, MHCC, CCSA, PHAC, CMHA, CAMH and Pathways to Care. Each organization's data analysis project had similarities that were seen as a strength and helped build on one another's collective experiences. The collaboration also led to a greater understanding of the mental health and substance use health indicators that can support efforts to direct services, resources, and funding now and in the future.

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