



# Covid and Mental Health of Canadians

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Impact & Ways to Help

# Psychology

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- **Uncertainty / Fear** Control issues. Will I get infected, If I do, will I die?
  - Chronic fear wears down mental resiliency
  - Tolerance of loss of control is a major coping factor.
  - As individual coping thresholds are breached Mental Health decreases.
  - Thresholds vary individually.
  - If actually get infected, max stressed, uncertain outcome??

- Pandemic Damaging to Mental Health:



- Also by the psychological impact of behavioral changes to avoid infection and particularly the impact of Social Distancing techniques.
- Citizens are recognizing this stress. Up to 70% are having an adverse emotional impact from the pandemic situation.
- Especially worrisome as Canada already has a mental health services crisis.

- Mental Health needs and deficiencies have become a focus of attention.



- Mental health service access was difficult before Covid. It is now worse.
- When Covid resolves there will be many more people seeking treatment than there is treatment availability. Old +New
  
- Covid has negative impact on all Canadians but: Good News
- Most will not become mentally ill. Most are exhibiting normal acute and chronic stress responses and will settle.
  
- There will be a significant number though that will need acute and medium-term treatment to avoid chronic mental illness.

## Social Distancing

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- Decreases infection risk, but weakens a 1° emotional support.
  - Social Isolation: Bad for mental health. Worsens PTS and Anx/Dep etc
  - Decreases coping ability, less emotional support.  
↑degree of distancing, ↑number effected, Personal social need threshold reached. Risk of PTS and depression approaches 30%.
  - Trade off: possible deterioration in Mental Health for less infection.

## Some Challenges



- Fix the previous deficits and make additional and specific resources available to meet unique Covid related needs
- Job Loss: Significant financial stress is occurring with secondary mental health stress for which many will require professional help.
- Recent projections are that there could be 418 to 2114 suicide deaths due to Covid related unemployment

- **SOME STATISTICS:**



- 50% Canadians ↓ mental health, 10% markedly so. Anxiety symptoms in 40+ %.
- Worker health is down, 80% impacted by Covid pandemic.
- Alcohol use is up across Canada, ages 18 to 54 have greater than 20% ↑ use.
- Self-medication for stress/ anxiety, boredom and loneliness? Escapism?
- Studies find, if one is less well before ⇒ more likely to substance use.

## Other World Wide Crises Comparisons

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- Studies of past medical crises and also financial ones have show similar adverse effects on the populations. Mental health had deteriorated in general.
  - In particular Financial crises are seen as more acute and less fixable. There is ↓ sense of control resulting in mental distress and higher suicide rates.
  - Studies have confirmed that increasing social isolation esp. lockdown can adversely affect some people. The long-term effects vary and linger but for some they are transient. Children quarantined with their parents are greatly affected.

## Who is especially vulnerable to Mental Health effects of the Covid pandemic?



- Those previously at their Mental Health threshold. Previous history of Trauma
- Those who have lost their job ( ↓security and support, ↓social contact )
- A high percentage of women have lost jobs, Now at home, often with partner domestic abuse increasing.
- Indigenous people, already stressed, frequently marginalized ,often substance users and with mental health issues are particularly at risk. Also people of colour.
- Evidence from other countries suggest this to be true: particularly that marginalized people are more at risk, often live in denser population areas and have less access to optimal healthcare.

## Special at risk groups



- Essential workers / Hospital support: High risk of infection from constant direct exposure. At risk for psychological adverse impact of daily exposure to very ill, dying and dead people.
- Chronic fear state. Risk of depression, anxiety and PTS. Currently running on adrenaline but will eventually crash.
- Should have frequent mental health check ups and have quick access to mental healthcare

## Also At Risk

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- First responders, Police, Firemen, Paramedics, etc. increased risk.
  - MDs and RNs: They are an often overlooked group, public perception of invincibility and resilience.
  - High chronic stress and negative emotion, without respite. Should also have frequent mental health check ups and have quick access to mental healthcare
  - Studies show up to 40% Chinese healthcare workers are experiencing depression and anxiety, and stress. Long-term care workers are theoretically at similar risk. Morbidity can be very significant and take years to recover. Actual hospital/ ICU survivors of Covid are even more at risk of PTS.

## Workplace Mental Health during Covid

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- Mental Health was a significant pre-Covid workplace issue. At least 1/2 million workers were missing work weekly due to mental health issues. Mental Health is a leading cause of disability. Worker Covid stress is now at an all-time high and needs to be addressed with increased, evaluation, identification and treatment offerings.
  - Deloitte 2019: Showed for every dollar invested in MH Programs in the workplace, ROI after one year was 1.62 and after three years ROI 2.18.
  - Government agencies in conjunction with: clinical organizations, unions, workers groups, employers and Worker Safety Commissions need to address this issue and set practical applications and make resources made to those workers identified as in need.

## Factory / Production Workers and WCBs



- Potential huge liability on provincial Worker's Compensation programs as many of these workers will find it impossible to continue working.
- A huge economic cost that will likely take funds away from other needed areas as well.
- Increased substance use , need more addiction treatment resources
- Workers with pre-existing mental illness that had required ongoing care before will likely have deteriorated.
- Accommodations, Job Modifications, potential employer hardship.
- There will be the need for availability of long-term psychiatric care.

# Substance Use



- Alcohol use is increasing:
- Ages 35 to 54 25% increase.
- Ages 18 to 34 21% increase
- Less mentally healthy, greater risk for increased alcohol, cigarette and marijuana usage
- Easy and increased access to legal substances during pandemic. In Ontario increased liquor store hours, and more take-out options.
- 15,000 deaths per year alcohol related. Will this Increase?

## FIXES: VIRTUAL HEALTHCARE



- So much money has been spent supporting the economy during Covid that likely money will be scarce after Covid to provide services and increased infrastructure. Need cost effective solutions.
- New internet video technology for assessments is being extensively used in Canada during the Covid situation.
- Very effective both for individual assessment and provision of group therapy.
- Very cost-effective and enables service to remote places.
- Likely will continue to be used extensively in the future. Can facilitate and provide equal access to all

# Supports for Virtual Care



- Provide loaner or cheap smart phones to clients
- Provide teleconferencing provide training on Internet video and virtual calls encourage group therapy
- Have billing codes for MDs that are for virtual care
- Monitor and study outcomes for effectiveness
- Make sure providers are trained on virtual platforms
- Possible future AI involvement.

## Person to Person Care



- Those requiring direct access and person-to-person care, likely will have difficulty accessing such services at least in the short term.
- This effects particularly long-term care such as with, psychotic illness, severe depression and all conditions requiring hospitalization and direct assessment.
- Non access will lead to ↑usage of emergency services. Very Expensive Care.
  
- Alcohol consumption has been on the rise during COVID, It has become easier to obtain. There will be increased need for addiction services which are already inadequate.
  
- The provincial governments should at some point re tighten access to alcohol. It should not be a source of increased income or a common means to de-stress.

## New Services and Improvements



- The Government of Canada has admitted:
- That there is a significant mental health service delivery problem and that,
- The mental health impact of Covid has greatly increased demand on the system and effective and prompt treatment needs to be made available.
  
- Provision of treatment to first responders, COVID survivors and those acutely exposed to the emotional stress of dealing with the pandemic should be a priority.
  
- Public mental health awareness must be increased particularly as to the mental health problems that can arise from the pandemic so that early recognition and treatment can be made available to decrease the morbidity and even mortality of Covid related mental health problems.

## Screening, Self Directed Services



- Post Covid there will be an initial surge for mental health help. Most will settle rapidly but there will remain a significant group needing extended help.
- It will be important to develop screening tools for those seeking help to assign the most effective and cost-effective treatment and to monitor response. More intense treatment can be provided but only if less costly resource intensive treatment is inadequate.
- Need for easily readable group specific Mental Health material, both written and online.
- **Call in help and support lines** and community group sessions professionally run can provide general support and information for those not requiring formal clinical treatment.

## Other Resources



- **Develop manuals and protocols** etc. for Family Physicians, First Responders such as Firefighters, Paramedics and Police. Need adequate availability.
- **Online:**
- “Wellness Together Canada” is an online site offering online resources, support and counselling. It was created in response to an unprecedented rise in mental health and substance use concerns due to the COVID pandemic, with funding from the Government of Canada and public and private sector partnering.
- Camh has Online peer to peer discussion forums.
- Ontario Government: **BounceBack®** is a free skill-building program designed to help adults and youth 15+ manage low mood, mild to moderate depression, anxiety, stress or worry. Delivered online or over the phone with a coach, you will get access to tools that will support you on your path to mental wellness.

## Other Resources cont'd



- **Online therapy:** Mind Beacon programs, free as now funded by the Ontario Government
- **Increase Outreach programs** and services to underprivileged Canadians that facilitate care and helping of those in need.
- **Need enhanced addiction services:** Already under-serviced. Will likely see more demand as substance use as noted has significantly increased during the Covid pandemic.

## Revamp Mental Health Services Delivery



- Need to revamp and provide more **virtual services**.
- This will potentially free up more resources for those who absolutely need in-person treatment.
- Privacy issues. Appropriately encrypted video communication
- Creation of a central office of oversight which could facilitate and optimize delivery of post Covid mental health services.

## Social Considerations



- **Race and poverty:** Factors in one's mental health and access to care. The Covid pandemic has unequally impacted certain segments of our society, among them, the Indigenous people, those already mentally ill, people of colour, those who are poor, and various gender/sexual groups.
- These groups should not be forgotten or minimized but receive equal Covid treatment efforts.
- **Income Replacement:** Federal and provincial income replacement programs and additional help to struggling businesses are needed. Housing is needed particularly for the homeless. Unresolved social issues lessen the impact of treatment.
- **Housing:** The homeless, low income

## In Closing

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- Covid is an ongoing battle, not yet won.
  - Mental health will be the major collateral damage.
  - We need to recognize this and prepare to provide adequate Mental Health Services
  - This will decrease morbidity and chronic illness.
  - It will be costly but not impossible and will greatly reduce the long-term emotional suffering that will otherwise likely occur.