

## Mental Health in Canada: Covid-19 and Beyond

### CAMH Policy Advice

July 2020

The COVID-19 pandemic is an unprecedented global health, social and economic crisis. Over the past several months, governments around the world have responded with a series of measures to protect citizens' physical and financial health. Some, including our federal and provincial governments in Canada, have also recognized the toll that the pandemic is taking on peoples' mental health and have made additional resources and supports available.<sup>1</sup> As we move through the initial COVID-19 crisis and adjust to the next normal, it is imperative that we continue to focus on mental health. A recent poll found that 7 out of 10 Ontarians believe that there will be a 'serious mental health crisis' as a result of the pandemic.<sup>2</sup> Their concerns are warranted - previous public health and economic crises were associated with serious and prolonged negative impacts on individual and collective mental health<sup>3</sup> - but not entirely accurate. Canada was already in the midst of a mental health crisis prior to COVID-19. The pandemic has both magnified and added to this crisis and highlighted how crucial mental health promotion and care are to our overall well-being. Thus, any successful approach to supporting Canadians' mental health in the wake of COVID-19 must address the broader context of mental health care in our country and offer a long-term, multifaceted solution. In this paper, CAMH offers governments and decision-makers five recommendations that we believe will do just that.

#### COVID-19 and mental health

COVID-19 is having a negative impact on Canadians' mental health, with many seeing their stress levels double since the onset of the pandemic.<sup>4</sup> People are struggling with fear and uncertainty about their own health and their loved ones' health, concerns about employment and finances, and the social isolation that comes from public health measures such as quarantining and physical distancing.<sup>5</sup> A recent poll found that 50% of Canadians reported worsening mental health since the pandemic began with many feeling worried (44%) and anxious (41%).<sup>6</sup> One in 10 Canadians polled said that their mental health had worsened 'a lot' as a result of COVID-19.<sup>7</sup> Similar results were found in a survey of Canadian workers, where 81% reported that the pandemic is negatively impacting their mental health, indicating a significant drop in overall worker mental health since the beginning of COVID-19.<sup>8</sup>

Substance use is also on the rise in Canada during COVID-19. A recent poll found that 25% of Canadians aged 35-54 and 21% of those aged 18-34 have increased their alcohol consumption since social distancing and self-isolation due to COVID-19 began.<sup>9</sup> Another study found that Canadians who described their mental health as 'fair' or 'poor' were more likely than those with better mental health to have increased their use of alcohol, cannabis and tobacco during the early stages of the pandemic.<sup>10</sup>

The negative impact of COVID-19 on Canadians' mental health is not surprising given that previous health and economic crises have had similar effects. During the SARS outbreak of 2003, residents of Hong Kong (one of the

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<sup>1</sup> Government of Ontario, 2020a; Herring, 2020; Wellness Together Canada, 2020

<sup>2</sup> CMHA, 2020a

<sup>3</sup> Wu et al, 2009; Mucci et al, 2016;

<sup>4</sup> MHCC, 2020a

<sup>5</sup> MHCC, 2020a; Morneau Shepell, 2020; Pfefferbaum & North, 2020; Vigo, Patten & Pajer, 2020

<sup>6</sup> Angus Reid Institute, 2020

<sup>7</sup> Ibid

<sup>8</sup> Morneau Shepell, 2020

<sup>9</sup> CCSA, 2020

<sup>10</sup> Statistics Canada, 2020

most severely affected cities) experienced increases in sleeping problems, smoking and alcohol use.<sup>11</sup> Mood disorders and post-traumatic stress symptoms were also common.<sup>12</sup> A small group of Torontonians who were quarantined during SARS showed symptoms of post-traumatic stress disorder (PTSD) (28.9%) and depression (31.2%) shortly after the outbreak.<sup>13</sup> Several studies have linked the experience of quarantine to symptoms of anxiety and post-traumatic stress, sometimes with long-term effects.<sup>14</sup> And it is not just adults who are negatively impacted. One study found that children who had been quarantined (with their parents) had post-traumatic stress scores that were 4 times higher than children who had not been quarantined.<sup>15</sup>

The current and ongoing financial impacts of COVID-19 can also be expected to take a toll on mental health. Similar to health crises, previous financial crises have had a negative impact on mental health. For example, the 2008 global financial crisis was associated with increased rates of mood disorders, anxiety disorders and suicides as a result of unemployment, job insecurity, reduced wages and increased workloads.<sup>16</sup> Recent projections are that COVID-19 related unemployment could result in 418 to 2114 excess deaths due to suicide in Canada during 2020-2021.<sup>17</sup>

Fortunately, most Canadians who are struggling with their mental health as a result of COVID-19 are experiencing a normal stress response to the health, social and economic crisis, and readily available mental health resources and supports can help them to cope.

### **Vulnerable populations**

Some groups of Canadians are more vulnerable to the mental health impacts of COVID-19. A recent CAMH study found that women, people who have lost their jobs as a result of the pandemic, those who are worried about their personal finances, people with children at home, and young people are more likely than others to experience symptoms of anxiety and depression at this time.<sup>18</sup>

Other groups of Canadians are more vulnerable to the physical health, economic and social impacts of COVID-19, which are likely, in turn, to take a toll on their mental health. In the U.S. and the U.K., evidence suggests that racialized people are more likely to suffer more severe health effects and/or die from COVID-19, with Black individuals at greatest risk.<sup>19</sup> Canadian race-based data on COVID-19 is extremely limited, but evidence from Toronto suggests a similar pattern - communities with the highest number of racialized people have the highest number of COVID-19 infections and related hospitalizations.<sup>20</sup> The experience of Indigenous peoples during the previous H1N1 pandemic and the ongoing impacts of colonialism suggest that they are also at higher risk of infection and severe health effects of COVID-19,<sup>21</sup> but again data is limited.<sup>22</sup> Other groups that are vulnerable to infection and severe impacts from COVID-19 (and who frequently intersect with racialized and Indigenous communities) include people with disabilities, people with dementia, immigrants and refugees, workers in low-wage or precarious employment and people who reside in crowded or communal housing, such as shelters.<sup>23</sup> Low-wage workers and those already living in poverty can also be expected to experience the impact of the

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<sup>11</sup> As cited in Lau et al, 2006

<sup>12</sup> Ibid

<sup>13</sup> Hawryluck et al, 2004

<sup>14</sup> Brooks et al, 2020

<sup>15</sup> Sprang & Sillman, 2013; as cited in Brooks et al, 2020

<sup>16</sup> Economou et al, 2013; Mucci et al, 2016;

<sup>17</sup> McIntyre & Lee, 2020

<sup>18</sup> CAMH, 2020a

<sup>19</sup> CDC, 2020; The Guardian, 2020

<sup>20</sup> Toronto Public Health, 2020

<sup>21</sup> Indigenous Corporate Training Inc., 2020

<sup>22</sup> Barrera & Deer, 2020

<sup>23</sup> Anderssen, E., 2020; Brown et al, 2020; OECD, 2020a; The School of Public Policy, 2020 ; Toronto Public Health, 2020

economic crisis most acutely,<sup>24</sup> and for those in abusive relationships, increased incidents of domestic violence are anticipated due to isolation and social-distancing measures.<sup>25</sup> Not only has COVID-19 put these individuals at increased risk of negative health, economic and social outcomes now and in the future, but the pandemic has also highlighted the pre-existing inequities in access to health care, housing, income and social supports that exist in Canada.

Again, most Canadians, including people in these vulnerable groups are not likely to experience serious and prolonged impacts on their mental health as a result of COVID-19. But there are other groups – which frequently intersect with the vulnerable populations just discussed – who are at greater risk of experiencing more severe mental health difficulties as a result of COVID-19. Experts have noted that essential workers, COVID-19 survivors and people with pre-existing mental illness deserve special attention when addressing mental health in the wake of COVID-19.<sup>26</sup>

### ***Essential workers***

Workers providing a range of essential services are on the frontlines of the COVID-19 pandemic and may be at an increased risk of severe mental health difficulties if not provided with the personal protective equipment and psychosocial supports they need to stay safe.<sup>27</sup> Health care providers (including, but not limited to physicians, nurses, personal support workers, social workers and occupational therapists) may be particularly vulnerable to the negative mental health impacts of COVID-19 due to their greater risk of exposure to the virus, concerns about infecting loved ones, intensifying work conditions and shortages of personal protective equipment.<sup>28</sup> Those who provide direct care to patients with COVID-19, have a friend or family member who becomes infected and/or those who have been quarantined may be 2-3x more likely to develop symptoms of post-traumatic stress than those not exposed to these conditions.<sup>29</sup> Physicians and nurses providing care to COVID-19 patients in China have already shown concerning levels of stress and anxiety with one study finding that almost 40% were experiencing depression, anxiety, insomnia or distress.<sup>30</sup> Long-term care workers may also be at risk of deteriorating mental health due to high rates of pre-existing mental health conditions and the devastating impact COVID-19 has had on these facilities.<sup>31</sup> Studies looking at the mental health of health care workers post-SARS indicate that symptoms of post-traumatic stress and other mental illnesses can persist for up to three years after the end of the pandemic.<sup>32</sup>

### ***COVID-19 survivors***

The experience of COVID-19 will be different for each patient depending on the severity of their illness, pre-existing health conditions and the care and support that they and receive.<sup>33</sup> Given the range of these experiences and the uncertainty around the illness, it is very likely that a number of patients who survive the virus will experience a severe impact on their mental health.<sup>34</sup> Mental health deterioration and/or symptoms of mental illness amongst COVID-19 survivors may persist for some time.<sup>35</sup> One study found that 64% of SARS

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<sup>24</sup> OECD, 2020a

<sup>25</sup> OECD, 2020a; OECD, 2020b; Sing Chandan et al, 2020

<sup>26</sup> Pfefferbaum & North, 2020; Vigo, Patten & Pajer, 2020

<sup>27</sup> Vigo et al, 2020

<sup>28</sup> Pfefferbaum & North, 2020

<sup>29</sup> Wu et al, 2009

<sup>30</sup> Wu, Strya & Gold, 2020

<sup>31</sup> OECD, 2020b

<sup>32</sup> As cited in Brooks et al, 2020; Wu et al, 2009

<sup>33</sup> Vigo et al, 2020

<sup>34</sup> Maunder et al, 2003; Vigo et al, 2020;

<sup>35</sup> Lee et al, 2007; Mak et al, 2009

survivors continued to show signs of depression, anxiety and post-traumatic stress one year after the crisis.<sup>36</sup> Another study found that 33% of SARS survivors had at least one diagnosable mental illness 2 ½ years after the crisis ended, with post-traumatic stress disorder (PTSD) and depression being the most common illnesses.<sup>37</sup> Healthcare workers who contracted SARS were significantly more likely to develop a mental illness in the long-term compared to SARS survivors who did not work in healthcare.<sup>38</sup> Given that Canadian healthcare workers have been infected with COVID-19 in large numbers, this may be a group that experiences significant mental health complications in the months and years to come.

### ***People with pre-existing mental illness***

Adults and youth with a pre-existing mental illness may be particularly at risk of severe impacts on their mental health as a result of COVID-19.<sup>39</sup> The COVID-19 related fears and anxieties experienced by the general population are likely to have a greater impact on those with pre-existing mental illness.<sup>40</sup> Disruptions in mental health care and supports due to physical distancing measures may contribute to worsening mental health in those who do not have access virtual mental health care.<sup>41</sup> People with serious mental illnesses may be at greatest risk of negative mental health impacts due to COVID-19. Those with severe substance use disorders may not be able to access the harm reduction places and supplies they need for safer use, putting themselves at risk of disease and overdose.<sup>42</sup> Across Canada, we are already seeing the number of deaths due to overdose increase substantially since the beginning of COVID-19.<sup>43</sup> People with schizophrenia may be more likely to contract COVID-19 and experience worse health outcomes due to the nature of their mental illnesses, underlying physical health problems and poor social determinants of health. They are also at risk of experiencing mental health deterioration due to smaller social networks and the social isolation brought on by physical distancing guidelines.<sup>44</sup>

People with serious mental illness are an extremely marginalized group whose needs have been inadequately addressed by the mental health and social services systems for years. There is risk that with the focus on the negative mental health impacts of COVID-19 on other vulnerable groups and the general population that the needs of people with serious mental illness will continue to be neglected. We must make sure that does not happen.

### **Improving mental health care during COVID-19 and beyond**

It is clear that COVID-19 is having a negative impact on Canadians' mental health. It is likely that this impact will be serious and long-lasting, with certain people at greater risk of developing more severe mental health difficulties. This will put additional strain on a mental health system where demand for care has outweighed supply for years.<sup>45</sup> Therefore, a long-term system-wide response is needed. This response must include a range of mental health resources, supports and care; support for new models of mental health service delivery; involvement of employers and workplaces; upstream investments in the social determinants of health; and a public health approach to alcohol policy.

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<sup>36</sup> Lee et al, 2007

<sup>37</sup> Mak et al, 2009

<sup>38</sup> Lee et al, 2007; Mak et al, 2009

<sup>39</sup> Kozloff et al, 2020; Lee, 2020; Vigo, Patten & Pajer, 2020

<sup>40</sup> Kozloff et al, 2020

<sup>41</sup> Vigo, Patten & Pajer, 2020

<sup>42</sup> Ibid

<sup>43</sup> Gee, 2020; Woo, 2020

<sup>44</sup> Kozloff et al, 2020

<sup>45</sup> AMHO, 2020; CMHO, 2020

The following are 5 recommendations that CAMH makes to governments and decision-makers to support Canadians' mental health during COVID-19 and beyond.

***Recommendation one: Provide a range of mental health resources, supports and care***

Governments recognized and responded rapidly to the mental health impacts of COVID-19 by making a range of mental health resources, supports and care available.<sup>46</sup> This commitment to mental health must continue, despite other financial pressures that governments are facing at this time.<sup>47</sup> It must also expand to meet the variety of mental health needs magnified and brought on by the pandemic. We need to make sure that resources and supports are available to help those who are struggling with their mental health as a result of COVID-19 to cope with their stress, anxiety and grief. We also need to focus on essential workers, COVID-19 survivors and people with pre-existing mental illnesses to make sure that they can access mental health care and treatment if and when they need it.

This approach to the provision of mental health services should follow a stepped-care type model.<sup>48</sup> People should receive the most effective and least intensive service that best meets their needs with more intensive services reserved for those who do not respond to lower intensity services. Providing a continuum of resources, supports and care allows us to meet the range of Canadians' mental health needs while also managing finite healthcare funds. Monitoring the use of various mental health services as we move through COVID-19 and beyond will be important. As most people see the impact of the pandemic on their mental health wane and their need for services decrease, resources can be shifted to more intensive services, particularly those for at-risk groups. Most mental health services can be, or are already being, provided virtually to align with physical distancing guidelines and to better meet the needs of recipients (see Recommendation #2).

***Resources and supports***

Information is empowering. It can help people better understand their situation and take action if needed. Since the early days of COVID-19, CAMH has been a mental health resource hub for the public and health care providers.<sup>49</sup> A variety of information sheets help people recognize that the increased stress and anxiety that they are feeling right now is a normal response to the fear and uncertainty brought on by the pandemic and tips for coping are provided. Information sheets tailored to a variety of audiences such as essential workers, youth, people who are homeless or marginally housed, people who use substances, and those with developmental disabilities and their families,<sup>50</sup> had already received over 22,000 unique downloads by June 21, 2020. COVID-19 and mental health information is also available through the Mental Health Commission of Canada,<sup>51</sup> Canadian Mental Health Association<sup>52</sup> and Kids Help Phone,<sup>53</sup> amongst others.

As we move through COVID-19, it is important that mental health information be kept up to date and reflect the changing landscape. Right now we are beginning to see a decrease in anxiety levels amongst Canadians, but rates of depression and loneliness remain elevated.<sup>54</sup> CAMH is working on information sheets for dealing with grief and loss and adjusting to a new normal as people return to work. We will continue to update these resources throughout the pandemic. Tailoring messages for groups differentially impacted by COVID-19 will be necessary, as well as culturally relevant information. As people begin to venture out more and students return

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<sup>46</sup> Government of Ontario, 2020a; Herring, 2020; Wellness Together Canada, 2020

<sup>47</sup> Walhbeck & McDaid, 2012; OECD, 2020a

<sup>48</sup> NICE, 2011

<sup>49</sup> CAMH, 2020b

<sup>50</sup> CAMH, 2020c

<sup>51</sup> MHCC, 2020b

<sup>52</sup> CMHA, 2020b

<sup>53</sup> Kids Help Phone, 2020

<sup>54</sup> CAMH, 2020d

to class, it will also be important to provide information and resources to groups such as primary care physicians, first responders and educators so that they can identify and support those who may be struggling with their mental health in the wake of COVID-19.<sup>55</sup> Mental health clinicians should work with members of these groups to develop standardized, evidence-informed resources.

In addition to information, people who are struggling with their mental health should also have access to other resources and supports. [Wellness Together Canada](#) is a partnership between the federal government, the public sector and private sector that was developed in response to the negative impact of COVID-19 on Canadians' mental health. The site offers a variety of online and virtual resources such as self assessment tools, self-guided care, peer support and counselling. [CAMH's online peer-to-peer discussion forum](#) offers support to those struggling with their mental health during COVID-19 and the Ontario government has expanded access to the [BounceBack](#) skill building program for people experiencing mild to moderate depression, stress and anxiety. Internet-based Cognitive Behavioural Therapy (iCBT) that provides digital access to customized modules that can be completed on one's own time have also been made available to all Ontarians through [MindBeacon](#). These are all important resources that will likely need to be sustained as we move through COVID-19. Moving forward it will also be important to ensure that COVID-19 content is embedded in these resources to reflect the experiences of many who are accessing them. Further, resources and supports must be tailored to the needs of groups differentially impacted by COVID-19, including culturally relevant materials.

#### *Care and treatment*

Essential workers and COVID-19 survivors deserve special consideration as we look at maintaining and expanding our mental health response in the wake of the pandemic. In addition to information and resources tailored to their unique experiences, they may also need access to mental health care and treatment. The mental health needs of health care employees have been well-recognized during the pandemic. These frontline workers are able to access self-care tools and peer support groups as well self-refer to professional psychotherapy and psychiatric services if they are in need of mental health support due to the negative impacts of COVID-19.<sup>56</sup> Recognizing that health care workers may not be focused on their mental health right now as they deal with the immediate COVID-19 crisis, and that the mental health impacts on health care workers can persist once the pandemic is resolved,<sup>57</sup> it is crucial that these mental health services stay in place as we move through COVID-19 and beyond. Access to similar services should also be extended to other essential workers and COVID-19 survivors who are at high risk of developing severe mental health difficulties as a result of the pandemic. The intersection of race, gender and low-income with essential work and COVID-19 infection must be reflected in the supports and services offered to these groups and a health equity approach applied to the provision of mental health care.

As we move through COVID-19 and beyond, specialized mental health care and treatment must be readily available to those with pre-existing mental illness and others whose illnesses develop during this time. This must include rapid access to mental health care for people who are at risk of suicide or experiencing a suicidal crisis. At present, many children, youth and adults are waiting months and even years to access specialized mental health care and treatment. Therefore, it is imperative that governments commit to broader mental health system improvement. In Ontario, the government must continue to implement its *Roadmap to Wellness: A plan to build Ontario's mental health and addictions system*<sup>58</sup> and maintain its funding commitment of \$3.8 billion over 10 years to create a comprehensive mental health and addictions system. It also means ensuring that people with pre-existing mental illness who already receive mental health care and treatment remain able

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<sup>55</sup> Pfefferbaum & North, 2020; WHO, 2020

<sup>56</sup> Government of Ontario, 2020b

<sup>57</sup> Wu et al, 2009; As cited in Brooks et al, 2020;

<sup>58</sup> Government of Ontario, 2020c

to access these services in the wake of COVID-19. Transitioning people to virtual care will be the best option for many, but resources will be needed to support and expand this platform (see Recommendation #2).

Further, it is important to recognize that many with more serious and complex mental illnesses benefit best from in-person services.<sup>59</sup> CAMH and many other mental health service providers have continued to provide in-person services during the initial stages of COVID-19 to psychiatric inpatients and people with serious and complex mental illnesses living in the community – but with restrictions in place. As we emerge from the initial COVID-19 crisis, it will be important to determine how best to scale these services back up in ways that are safe for clinicians and patients. It will also be important to develop a plan to safely re-open other crucial in-person services for young people and adults with mood and anxiety disorders and substance use disorders.

#### *Oversight and data*

Maintaining and expanding a range of mental health resources, supports and care will require oversight to ensure a coordinated and integrated approach. In Ontario, the Mental Health and Addictions Centre for Excellence is well-placed to take on this role. The Centre should also support ongoing data collection throughout the pandemic and beyond with support for race-based health care data. This will be crucial for identifying with certainty those most at risk of the negative mental health impacts of COVID-19 and will assist in the development of resources, supports and care. Ongoing research on the impact of COVID-19 on mental health and evaluation of all initiatives will also be crucial.<sup>60</sup>

#### ***Recommendation 2: Support and expand virtual mental health services***

COVID-19 and the public health guidelines for physical distancing meant a rapid transition to virtual mental health resources, supports and care. From online resources and modules to discussion forums and apps to tele-mental health care, mental health service providers adapted quickly to the realities of the pandemic. CAMH, for example, increased its tele-mental health visits by 750% between February and April 2020.<sup>61</sup> The nature of mental health services makes them well suited for virtual platforms. They are more convenient and efficient, making them popular with patients/clients and providers. Virtual mental health services can also improve access to care for those in rural and remote areas and may enhance adherence to appointments.<sup>62</sup> Providing mental health care virtually will remain necessary as we move through COVID-19 and physical distancing remains in effect, but it should also continue as a primary option for patients and clients beyond COVID-19. The pandemic presents us with an opportunity to provide better client-centred care by expanding on the range of mental health resources, supports and care that can be provided virtually.<sup>63</sup>

To support ongoing virtual mental health care delivery, several matters must be considered. Physician billing codes that were amended at the beginning of COVID-19 to allow for virtual visits must continue<sup>64</sup> and other mental health care providers should be supported to provide virtual care to patients and clients. The transition from in-person mental health care to virtual mental health care may be more challenging for some providers and it will be important that they have access to technical training on the use of various virtual platforms. Mental health providers must make sure that they are providing the personalized care that each patient or client needs as virtual platforms can lead to a one-size-fits all approach.<sup>65</sup> This may involve combining virtual care with

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<sup>59</sup> Vigo, Patten & Pajer, 2020

<sup>60</sup> Ibid

<sup>61</sup> CAMH, 2020e

<sup>62</sup> Gratzer et al, 2020

<sup>63</sup> Vigo, Patten & Pajer, 2020

<sup>64</sup> Gratzer et al, 2020

<sup>65</sup> Ibid

in-person care for some clients and patients. Efforts must also be taken to ensure patient safety and privacy in virtual care settings.<sup>66</sup>

It is vital that virtual mental health services be user-friendly. In Ontario, current platforms would benefit from improved and expanded information technology infrastructure. Rural and remote areas can lack access to quality internet service and this should be considered as part of a health equity approach to the provision and expansion of virtual mental health across the province. Similarly, the best way to extend virtual services to specialized populations such as Indigenous groups and homeless populations must also be considered. As previously noted, people with serious and complex mental illness can be a difficult group to support on virtual platforms. While in-person care is best for many of these individuals, the initial COVID-19 crisis and the potential for further waves makes it imperative that we explore options on how to best meet the needs of this high risk group.<sup>67</sup> For example, providing outpatients with inexpensive cell phones would allow them to stay in regular contact with their care teams and reduce the need for in-person clinical visits.

Finally, as we continue to provide and expand virtual mental health care across the province we must prioritize research and data collection to make sure these services are effective at meeting peoples' mental health needs. We know that tele-mental health care is an effective and evidence-informed method for delivering mental health care that is comparable to in-person care,<sup>68</sup> but the efficacy of other virtual services requires further study.<sup>69</sup> Further, expanding and improving virtual platforms for mental health care using artificial intelligence presents an interesting opportunity for future research.<sup>70</sup>

### ***Recommendation #3: Prioritize workplace mental health***

Many Canadians have lost their jobs temporarily or permanently as a result of COVID-19. Access to a range of mental health resources, supports and care (Recommendation #1) as well as an adequate, reliable income (Recommendation #4) can help these individuals to cope with the stress and anxiety that come with unemployment. But those who remain employed may also be facing additional stress and anxiety at this time.

Even before the pandemic hit, many workers were already struggling with their mental health. At least 500,000 Canadians were missing work due to mental illness each week<sup>71</sup> and mental illness was the leading cause of disability in the country.<sup>72</sup> COVID-19 and resulting changes to employment and the workplace are likely to add to this burden. Essential workers may be dealing with additional stress and anxiety due to greater exposure to the virus and many health care workers must further cope with the grief and trauma of attending to those who are infected and dying of COVID-19. Other workers can be experiencing additional stress right now as they adapt to new ways of working, returning to the workplace, changes in routine and the potential loss of coworkers. Therefore, employers must prioritize the mental health needs of their employees in the wake of COVID-19.

There are a range of resources for employers on workplace mental health.<sup>73</sup> One example is *CAMH's Workplace Mental Health Playbook for Business Leaders* which provides evidence-informed advice on how to support employee mental health.<sup>74</sup> The *Playbook* highlights the importance of creating a long-term organization wide mental health strategy, instituting mandatory mental health training for leadership and developing tailored

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<sup>66</sup> Ibid

<sup>67</sup> Kozloff et al, 2020

<sup>68</sup> Hubley et al, 2016

<sup>69</sup> Gratzler et al, 2020

<sup>70</sup> Ibid

<sup>71</sup> Dewa, Chau & Dermer, 2010

<sup>72</sup> MHCC, 2014a

<sup>73</sup> See for example, MHCC (n/d); Morneau Shepell (n/d)

<sup>74</sup> CAMH, 2020f

mental health supports for different mental illnesses, diverse identities and different workplaces.<sup>75</sup> The *Playbook* also emphasizes the importance of supporting employees who are returning to work after mental health leave and the need to measure outcomes.<sup>76</sup> While the *Playbook* was released before the pandemic, its recommendations are still applicable to employee mental health in the wake of COVID-19 – though employers may find it useful to tailor their approach to reflect the current environment. For example, workplace mental health strategies may need to be adjusted to reflect remote workplaces, mental health training should include a focus on resiliency, and leaders can support employee mental health through clear, compassionate and authentic leadership.<sup>77</sup> A continuing commitment to creating stigma and discrimination-free work environments will remain crucial. Employers of essential workers must be particularly cognizant of their employees' mental health and well-being and ensure that resources and supports that reflect their experiences are readily available.

Governments can also do their part to support workplace mental health during COVID-19 and beyond. The Government of Ontario, for example, has already stepped up by broadening access to iCBT for all Ontarians. Governments can also strengthen legislation to improve workplace mental health, provide incentives to employers for implementing robust mental health strategies or investing in premium benefits coverage, and influence health and disability insurance providers to provide full entitlements and supports for precarious workers.<sup>78</sup>

#### ***Recommendation #4: Invest in the social determinants of health***

Ensuring access to range of mental health resources, supports and care is crucial for addressing the mental health needs of Canadians, but it is also imperative that we address the social conditions that contribute to and exacerbate poor mental health.<sup>79</sup> Social determinants of health such as structural racism, sex and gender inequality, and social exclusion and loneliness should be considered as part of efforts to improve mental health in the wake of COVID-19 and beyond. So should poverty.

Poverty has a negative impact on peoples' physical and mental health.<sup>80</sup> While COVID-19 has put a spotlight on this issue, it has long been the lived reality of many Canadians – particularly people with pre-existing mental illness. People with pre-existing mental illness, and particularly those with serious and complex mental illnesses, are more likely to live in poverty than others. These individuals have lower incomes, are less likely to participate in the labour force and are less likely to have adequate housing than people with other types of disabilities and people without disabilities.<sup>81</sup> Despite evidence demonstrating the positive health and social outcomes as well as the cost-effectiveness of addressing these inequities,<sup>82</sup> governments have been slow to act in the past. In response to the economic crisis brought on by the pandemic, however, governments have responded quickly by providing rent, income and employment relief to those who are struggling.<sup>83</sup> These are important initiatives that will support Canadians' mental health, but more permanent solutions are needed. These solutions should prioritize people who have long experienced poverty such as those with serious and complex mental illness.

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<sup>75</sup> Ibid

<sup>76</sup> Ibid

<sup>77</sup> CAMH, in press

<sup>78</sup> CAMH, 2020g

<sup>79</sup> Wahlbeck & McDaid, 2012; OECD, 2020a; OECD, 2020b

<sup>80</sup> Government of Canada, 2016

<sup>81</sup> As cited by the Ontario Human Rights Commission, 2015

<sup>82</sup> Forget, 2011; MHCC, 2013; MHCC, 2014b; Meuser, Drake & Bond, 2016

<sup>83</sup> CMHC, 2020; Government of Canada, 2020; Government of Ontario, 2020d

### *Income supports*

Early on in the COVID-19 crisis, the federal government announced the Canada Emergency Response Benefit (CERB) – a taxable benefit of \$2000 per month over four months for workers who have lost their jobs, are sick or quarantined due to COVID-19, are looking after someone with COVID-19, or those who are not able to work because they must stay home with their children.<sup>84</sup> For the most part, the CERB has been widely lauded<sup>85</sup>, though some vulnerable groups have not been able to access the benefit.<sup>86</sup> In Ontario, the government is treating the CERB benefit as earned income for people with serious mental illnesses and other disabilities who receive benefits through the Ontario Disability Support Program (ODSP).<sup>87</sup> That means the government is clawing back \$900 of each \$2000 monthly benefit. Alberta and Manitoba are doing the same, while most other provinces and Nunavut are taking back the full \$2000. Only British Columbia, Northwest Territories and Yukon are allowing people with disabilities to keep the full CERB benefit.<sup>88</sup> People with serious mental illness and other disabilities who rely on social assistance programs like ODSP are already living in poverty due to the inadequacy of such programs.<sup>89</sup> These individuals who were struggling to make ends meet on a regular bases before COVID-19 have faced additional financial burdens because of the pandemic – from purchasing masks and hand sanitizer, to grocery and medication deliveries.<sup>90</sup> Therefore, CAMH encourages provincial governments who are clawing back CERB benefits from those on social assistance to cease doing so immediately.

The relative success of the CERB and the ease and speed with which it was implemented has led to calls to make it a permanent replacement for the outdated and punitive income supports programs that currently exist in Canada.<sup>91</sup> Essentially, the CERB could become a basic income guarantee for people who are unemployed, low-wage workers and those who rely on social assistance programs.<sup>92</sup> The concept of a basic income guarantee has gained traction recently in Canada and around the world. Evidence indicates that a basic income can improve social and health outcomes, including mental health outcomes.<sup>93</sup> Basic income may also be associated with reductions in health system costs.<sup>94</sup> Similar positive outcomes were found during Ontario’s brief basic income pilot program.<sup>95</sup> The COVID-19 crisis has highlighted the precariousness of employment and income for many Canadians and presents us with an opportunity to fundamentally shift how we think about preventing and lifting people out of poverty. Given the link between poverty and mental health, CAMH strongly encourage governments at all levels to consider a basic income as part of any strategy to address Canadians’ mental health.

### *Homelessness and housing*

COVID-19 has brought to light the challenges experienced by people with serious mental illnesses who are homeless or living in congregate settings, in particular their inability to adhere to physical distancing guidelines which puts them at increased risk for infection. The precarious living situations of people with serious mental illnesses are not new and have persisted in Canada for years. In 2012, there were over 520,000 people with mental illness who were inadequately housed across the country and among those almost 120,000 were homeless.<sup>96</sup> In Ontario, in 2020, there remains an immediate need for 30,000 units of supported housing

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<sup>84</sup> Government of Canada, 2020

<sup>85</sup> Parkinson, 2020

<sup>86</sup> Wellesley Institute, 2020

<sup>87</sup> Stapleton, 2020

<sup>88</sup> Ibid

<sup>89</sup> Daily Bread Food Bank, 2014

<sup>90</sup> Ngabo, 2020

<sup>91</sup> Forget & Segal, 2020

<sup>92</sup> Ibid

<sup>93</sup> Forget, 2011; Zeballos-Roig, 2020

<sup>94</sup> Forget, 2011

<sup>95</sup> Ferdosi et al, 2020

<sup>96</sup> MHCC, 2012

(affordable housing with off-site supports) and supportive housing (affordable housing with on-site supports) for people with serious mental illnesses.<sup>97</sup> Despite evidence that supported and supportive housing are successful and cost-effective approaches to housing people with serious mental illnesses,<sup>98</sup> and federal government investments to address homelessness,<sup>99</sup> on-the-ground initiatives have been slow to materialize until recently.

In response to COVID-19, creative solutions to addressing homelessness have been developed and implemented quickly. People living in shelters and on the streets were offered their own units in empty hotels and apartment buildings and Toronto's city council approved the rapid development of 250 units of modular housing.<sup>100</sup> These are important developments and the momentum needs to continue as we move through COVID-19 and beyond. Governments at all levels need to encourage and support rapid development of evidence-informed solutions to homelessness for those with serious mental illnesses and others experiencing chronic homelessness.

It is also imperative that governments address the needs of people with serious mental illnesses who are at risk of homelessness by investing in mental-health-specific supportive housing.<sup>101</sup> One type of supportive housing that is urgently needed is high-support housing for people with severe mental illness and complex behaviours. These individuals need 24-hour on-site staffing, meals, medication administration, support with daily activities and ongoing support from specialized teams. Unfortunately there is a significant shortage of this type of housing and these individuals remain in hospitals like CAMH despite no longer needing acute inpatient mental health care. This living situation can take a toll on an individual's mental health and recovery at the best of times, but during COVID-19 it puts both their mental health and physical health at risk. Provincial government investments to date have allowed CAMH and high-support housing providers to successfully transition over 100 patients with severe mental illness and complex behaviours into the community at cost savings of \$140 to \$160 a day per patient.<sup>102</sup> As governments strive to address the mental health of Canadians in the wake of COVID-19, the mental needs of these extremely vulnerable individuals must not be forgotten and continued investments in high-support housing must be made.

#### ***Recommendation #5: Commit to a public health approach to alcohol policy***

Canadians over the age of 18 have been drinking more alcohol since the COVID-19 pandemic began.<sup>103</sup> This increased use of alcohol is worrisome given the numerous acute and chronic health harms caused by alcohol consumption<sup>104</sup> as well as the link between alcohol use problems and mental illness.<sup>105</sup> Alcohol use is also a leading risk factor for disease and disability across the globe and directly responsible for nearly 15,000 deaths each year in Canada.<sup>106</sup>

Canadians attribute their increased alcohol use during the pandemic to schedule changes, boredom and stress.<sup>107</sup> It may also be due to the increased availability of alcohol at this time. The Government of Ontario, for example, has put in place temporary measures in response to COVID-19 that allow bars and restaurants to sell alcohol with food takeout and delivery orders and permit authorized grocery stores and liquor stores to begin

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<sup>97</sup> AMHO, 2020

<sup>98</sup> Nelson, Hall & Walsh-Bowers, 1997; Nelson, Aubry & Hutchison, 2010; MHCC, 2012; MHCC, 2014b; Latimer et al, 2019; Stergiopoulos et al, 2019

<sup>99</sup> Government of Canada, 2018

<sup>100</sup> Elliot, 2020; Vincent, 2020

<sup>101</sup> AMHO, 2020.

<sup>102</sup> Rudoler et al, 2018

<sup>103</sup> CCSA, 2020

<sup>104</sup> CAMH, 2019

<sup>105</sup> Regier et al, 1990

<sup>106</sup> As cited in CAMH, 2019

<sup>107</sup> CCSA, 2020

selling alcohol at 7am.<sup>108</sup> More recently, the province lowered the minimum price of alcohol sold by bars and restaurants.<sup>109</sup> When alcohol is readily available in a community, consumption increases which, in turn, is associated with increased car accidents, assaults, crime and hospitalizations.<sup>110</sup>

CAMH recognizes the need to support businesses in this challenging economic climate, but we strongly encourage the province to commit to the *temporary* provisions of the new alcohol availability measures and commit to allowing them to lapse on December 31, 2020 as initially announced. In the meantime, an increased focus on informing the public about the harms associated with alcohol use will be crucial.<sup>111</sup> As we move through COVID-19 and beyond it is important that all governments recognize that supporting Canadians' mental health also means committing to an evidence-informed, public health approach to alcohol policy.

### **Summary**

COVID-19 is both magnifying and contributing to Canada's mental health crisis. The health, economic and social consequences of the pandemic are taking their toll on the mental health of the population, with some groups at greater risk of developing more severe difficulties. Fortunately, governments at all levels have recognized the negative impact that COVID-19 can have on mental health and are ensuring that resources, supports and care are available. But more is needed. The negative mental health impacts of COVID-19 can be expected to last for some time and will place added burden on Canada's already overwhelmed mental health system. It is time for governments and decision-makers to continue to step up and make mental health a priority by investing in a long-term, system wide response. It is time to recognize that mental health *is* health.

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<sup>108</sup> AGCO, 2020

<sup>109</sup> DATAC, 2020

<sup>110</sup> CAMH, 2019

<sup>111</sup> Paradis, 2020

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