Canadian Mental Health Association
Association canadienne pour la santé mentale

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Policy Brief

COVID-19 AND MENTAL HEALTH: HEADING OFF AN ECHO PANDEMIC

INTRODUCTION: THE IMPACT OF COVID-19 ON MENTAL HEALTH

In Canada, COVID-19, or coronavirus disease, has caused thousands of deaths and continues to endanger lives. Since the World Health Organization declared the outbreak a pandemic in March 2020, preventative measures, including physical distancing, have been introduced across Canada to support infection control, and reduce the spread of COVID-19.

Canadians are experiencing social and economic upheaval as a result of COVID-19 and related emergency measures. Millions have lost their jobs or are facing job loss as businesses and, in some cases, entire industries reduce, suspend or close their operations. School closures for students at all levels have disrupted the school year and have left many children and youth without a supportive environment. Alarmingly, domestic violence rates have increased; so, too, have opioid overdoses.

On the front lines of COVID-19, those deemed essential workers—health-care workers, first responders, and warehouse, delivery, and grocery store workers—are facing increasing job demands in riskier circumstances. These pose serious risks for the physical and mental health of these workers, who reportedly face exhaustion, crowded working conditions, fear of infection, and an inadequate supply of personal protective equipment (PPE).

The Federal Government has concentrated its response to COVID-19 on protecting Canadians' physical health and safety, and meeting basic needs. But not only does COVID-19 endanger Canadians' physical health and economic stability, it also poses risks to their mental health. While Canadians are worried that they or their loved ones will contract COVID-19, they are also experiencing prolonged periods of social isolation, and, in many cases, concern about the future. Awareness of these risks has led mental health organizations, researchers, governments and intergovernmental organizations to signal the potential for an "echo pandemic" of mental health issues and problematic substance use.[1]

Concerns about the mental health impacts of COVID-19 align with recent research on the mental health consequences of large-scale traumatic, natural, and environmental disasters. Disasters are frequently accompanied by increases in mental health problems, including depression, post-traumatic stress disorder (PTSD), problematic substance use, and domestic violence, all of which can persist for prolonged periods.

Through its response to COVID-19, the Federal Government has acknowledged that the pandemic is straining Canadians' mental health. Since March 2020, it has announced targeted

[1] In Canada, this has been signaled by mental health organizations, including CMHA. Internationally, the US and New Zealand are also seeing surges in demand for mental health services that are being interpreted as an early sign of an echo pandemic. The UN has also signaled this problem.

investments in supports and services to address the critical and immediate mental health impacts of COVID-19.

But as much as COVID-19 may adversely affect the mental health of people in Canada, it is critical to acknowledge that, in this crisis, there are "different starting lines." The pandemic may in fact worsen the mental health of people who live with mental health problems and illnesses and were more likely to be vulnerable before the pandemic. In addition, the mental health consequences of the pandemic may be more serious for other people and communities who have been made vulnerable through existing social and economic forms of inequality.

The aim of this policy brief on mental health and COVID-19 is to:

- Raise awareness about gaps in the response to COVID-19 in relation to mental health problems and mental illnesses, including problematic substance use and addictions;
- Share public policy recommendations that will protect the mental health of all people in Canada, including people with lived experience of mental illness and addictions, both immediately and in the "recovery phase" of COVID-19.

The information reviewed in this policy brief is current as of June 1st, 2020.

REVIEWING CANADA'S COVID-19 RESPONSE

The Federal Government has responded to the COVID-19 pandemic with several targeted forms of economic stimulus and service funding. At the time of this writing, these include:

- The Canada Emergency Response Benefit (CERB), a new benefit for Canadians facing a loss of employment;
- The Canada Employment Wage Subsidy (CEWS) and Canada Emergency Business Account (CEBA), subsidies and loans to sustain businesses and help them retain employees;
- New funding to expand the capacity of shelters for people experiencing homelessness and for women and children fleeing abusers;
- The Emergency Community Support Fund (ECSF), an investment in charities and non-profit organizations that deliver essential services to those in need.

The Federal Government has made targeted investments and developed resources to support people who are experiencing mental health problems as a result of COVID-19. This includes:

- New funding for Kids Help Phone to increase the number of available responders;
- The launch of Wellness Together Canada, an online portal that offers a free mental health self-assessment, links to online mental health resources, and connection to short-term, one-on-one mental health support.

These commitments focus on providing information, short-term (virtual) services and community resources for people who are experiencing anxiety, stress and depression due to COVID-19, as well as on ensuring that emergency and crisis responders are available for children and youth with urgent mental health needs.

In order to quickly connect Canadians to crisis and distress lines and to short-term, low-intensity support for general mental health issues (e.g., anxiety; mild-to-moderate depression), the Wellness Together Canada portal has focused on virtual and app-based "turnkey" solutions, which can quickly spread and scale (e.g., e-mental health solutions based on the techniques of mindfulness and Cognitive Behavioural Therapy (CBT)).

These supports focus on meeting the needs of those who do not have a history of mental health problems or mental illnesses. The supports do not yet address the needs of people whose problems and illnesses existed before the pandemic. In addition, efforts must be made to restore mental health and addictions programs and services that are delivered in the community, and to ensure that urgent, in-person care can be delivered safely, when virtual options are not possible.

Canada's response to date will likely respond to the immediate mental health concerns of those requiring low-intensity supports and services. However, the longstanding underfunding of mental health care and underinvestment in mental health promotion in Canada mean that the mental health and addictions sector will not be able to meet needs that will emerge—or persist—in the aftermath of COVID-19.

The following key areas have yet to be addressed in Canada's mental health response to COVID-19:

1. Mental health care needs that existed before COVID-19 remain unmet.

The newly announced mental health support and the economic stimulus response has not yet recognized or addressed the fact that, before COVID-19, many Canadians already had mental health care needs that were going unmet due to chronic underfunding.[2] The pandemic has only worsened this situation, as our mental health care system was struggling to meet the needs of Canadians before COVID-19.

Many mental health and addictions sector organizations have had to limit or suspend in-person programs and services at a time when requests for support are increasing. Consequently, many people with mental health problems and mental illnesses have lost access to the supports and programs, and the routines and connections that support their well-being and recovery. The ECSF will support some community mental health organizations to rapidly make more virtual and online services available, but, because the Fund is competitive, some organizations may be unable to secure funding.

People whose mental health problems and mental illnesses pre-date COVID-19 continue to have unmet mental health care needs. The current response will not address the inequities in the mental health care system that were prominent before the pandemic. CMHA has raised elsewhere the problems of wait times and poor access to high quality care. Services delivered by psychologists and allied professionals are not typically accessible; but when they are, long wait times make them largely unavailable when they are most needed.[3] This especially extends to people with complex mental health needs who require psychiatric support, and to Canadians

[2] The $15.8B spent by the public and private sectors for mental health care represents just 7.2% of Canada's total spending on health care.
[3] This is the case across Canada, where the most recent estimates indicate that 1.6 million people in Canada reported an unmet mental health-care need; counselling was the highest unmet need. At a provincial level, the issue of long wait times has been reported in Ontario and in BC, for example.

who are seeking addictions services, who may also have to travel when services are unavailable where they live.

Chronic underfunding of mental health care in Canada is also an issue for all Canadians, who, during the pandemic, may be struggling to find ways to evaluate their own mental health (or the mental health of loved ones) and may not have access to reliable ways to enter the mental health care system.

Mental health care needs will persist—and even increase—beyond COVID-19 if we do not address the combined issues of lengthy waits times, insufficient access to treatment, and chronic underfunding of low-intensity and community mental health services.

2. The unmet social determinants of health persist.

During the COVID-19 crisis, mental health issues and needs intersect with unmet social determinants of health[4] and the chronic underfunding of mental health care. As public and mental health experts have indicated, disasters "disproportionately affect poor and vulnerable populations, and patients with serious mental illness may be among the hardest hit," as they are more likely to have unmet employment, health care and social needs.[5]

The mental health response thus far, which centres on virtual and app-based mental health supports, will address real and important mental health concerns, and will be an important measure in early intervention and prevention of an "echo pandemic" of mental health problems. While the new supports may provide access to people who were waiting for mental health care before the pandemic, those with limited access to technology and/or the internet will be at a disadvantage. In addition, fulsome telepsychiatry models favour virtual assistance mixed with in-person—or at least intensive—stepped care for those who need it. Virtual therapy and apps are not designed to support this mix.

Furthermore, the new economic benefits do not help people who were unemployed before COVID-19, including those who are living with a mental illness. Those who are receiving disability benefits and are unable to demonstrate income loss due to COVID-19 are ineligible for the CERB, despite suffering significant disruption in their usual access to resources.

Initiatives to support mental health in COVID-19 must serve those who have unmet social determinants of good mental health, and those determinants must be strengthened through long-term, sustainable investment.

3. People with lived experience of mental health problems and illnesses have yet to be consulted.

As noted, the impacts of COVID-19 will be felt in a unique way by people with mental health problems and mental illnesses, including problematic substance use and addictions, especially for those who are experiencing interruptions in care. The health care disparities they already face will worsen, given that interruptions in treatment and access negatively impact recovery.

[4] The social determinants of health include income distribution, unemployment, social exclusion, gender, Indigenous identity, race, housing, education, food (in)security, and disability. Scholars agree that the social determinants of health have much more influence on health and illness than do typical biomedical and behavioural markers or risk factors.
[5] These challenges are almost always more pronounced for people with low socioeconomic status, who experience higher rates of mental illness and express greater need for mental health services.

However, these experiences and perspectives have yet to be considered in the response to COVID-19.

On April 10, 2020, the Minister of Employment Workforce Development, and Disability Inclusion announced the launch of a COVID-19 Disability Advisory Group (CDAG). This group will provide the Federal Government with insight into the "unique and heightened challenges" that people with disabilities will face as a result of COVID-19 and what actions are needed to ensure their needs are met. However, at the time of this writing, organizations in the mental health and addictions sector have not been invited to participate in the CDAG, even though people with mental health problems and mental illnesses are more likely to experience inequities such as economic instability, unemployment, discrimination and stigma, social isolation, and justice involvement.

It will be critical for the Federal Government to commit not only to sustaining its interim investments in mental health but also to taking steps toward long-term, sustainable investment in mental health care.[6]

Below, we summarize eight policy recommendations to minimize the mental health consequences of COVID-19 and to strengthen the mental health care system in response to the pandemic and beyond.

IMMEDIATE AND SHORT-TERM RECOMMENDATIONS

1. Preserve and enhance access to community mental health programs and services.

    - When community mental health programs and services are reduced and limited, symptoms, loneliness, and relapse for people living with mental health problems and illnesses can increase.[7] While this is the case across Canada, the impacts will be especially acute in rural and remote areas and in Indigenous communities where mental health services are already insufficient.
        - **Organizations in the mental health and addictions sector require direct, core funding** to sustain service innovations developed in response to the pandemic, maintain their operations over the long term, support their clients and protect against the significant disruption that has been predicted for the not-for-profit sector. This should apply whether or not they are deemed essential services.
        - **In-person mental health services must be preserved when they can be delivered safely** and with PPE. Although virtual mental health care can be cost-effective and scalable, such approaches are not always appropriate; they are also less accessible to people who have limited access to technology and/or the internet and who have lower levels of literacy and/or fluency in English and French.

2. Protect the mental health of essential workers.

[6] References to mental health and illness are inclusive of substance-related issues, including addictions. Similarly, mental health and mental illness services include the full continuum of substance- and addiction-related services, even when the latter are not explicitly named.
[7] While we must not underestimate the resilience of PWLE, service changes ask them to rely on their own networks and resources, even though they may be unable to take full advantage of virtual supports and may have limited social networks.

- Essential workers who provide health care, emergency response, and shelter services during the pandemic are facing significant mental health strain due to heavier work responsibilities as well as greater-than-average risk for exposure to the virus. Across Canada, the mental health care sector has been providing innovative mental health support to front-line workers; dedicated investment must be made to sustain this over the longer term.
    - Funding for mental health care should **spread and scale evidence-based programs for front-line workers**. It should also enable the adaptation of these programs for delivery workers, who are by and large part of the "gig economy" and likely to lack benefits covering mental health care, as well as for grocery-store workers.
    - Programs specifically designed to support the mental health of first responders, such as Resilient Minds and OSI-CAN, can be quickly replicated and scaled nationwide to increase access to all front-line workers.

3. Create the conditions for Indigenous health equity and support the mental health of Indigenous peoples in Canada.

- Indigenous peoples in Canada experience disproportionately high rates of mental health problems and illnesses, including problematic substance use, and suicidal ideation and suicidality, as a legacy of colonialism and an effect of continuing colonization. Indigenous peoples are more likely to live in inadequate housing and in circumstances where it is challenging to maintain physical distancing, putting them, and especially women, at increased risk.
    - To promote and protect health in Indigenous communities, during and after COVID-19, government action must make it possible to **sustain the supports that have sprung up to alleviate strain and enhance resilience during COVID-19**, including information sharing, mobile testing units, flag systems, and food distribution networks.

4. Fully include persons with lived experience (PWLE) in COVID-19 economic supports.

- People receiving disability benefits may or may not be excluded from CERB income supports that were introduced to help Canadians through the pandemic, depending on their province of residence. This means that some of those who have the least resources will also have the least access to support, even while these same Canadians have lost access to important resources and services as a result of COVID-19.
    - **Direct income supports should include people with disabilities,** including mental health-related disabilities, who are already struggling to meet basic needs, such as by explicitly including them in eligibility for CERB. Alternatively, supplementing provincial disability benefits to make them equal to the CERB monthly amount would be a first step toward ameliorating this inequity.

5. Include persons with lived experience (PWLE) of mental illness in the process of forming the mental health response to COVID-19.

- The perspectives of persons with lived experience of mental illness and problematic substance use have not yet been included in the mental health response to COVID-19. PWLE are the primary stakeholders in mental health care, and their consistent and meaningful involvement in the design and delivery of programs and services will increase their effectiveness.
    - Given the profound interconnections between mental illness, disability, and social and economic inclusion, **include at least one organization in the mental health and addictions sector on the COVID-19 Disability Advisory Group (CDAG).**
    - **Make the perspectives, expertise and insights of PWLE** central in the design and implementation of forthcoming strategies, action plans, services, and programs to support mental health recovery from COVID-19 in order to ensure that investments in mental health are relevant to and curated by PWLE.[8]

RECOMMENDATIONS FOR THE COVID-19 RECOVERY PHASE AND BEYOND

6. Publicly fund evidence-based mental health care for all Canadians.

- The social and economic impacts of the pandemic are already having, and will continue to have, significant mental health implications for Canadians.[9] These impacts are being felt and will be felt more profoundly by communities and people whose experiences of marginalization and inequality existed before the pandemic. Mitigating an echo pandemic of mental health problems will require access to the full continuum of mental health care, including adequate follow-up and access to wrap-around supports and services, and to multilingual, gender-responsive and culturally safe services.
    - **Make a prompt and permanent commitment to mental health parity** through a mental health parity act, or an amendment to the Canada Health Act. Publicly funded, evidence-based mental health care for all Canadians can mitigate current and future disruption to our mental health care system during and in the aftermath of COVID-19.
    - **Provide universal coverage of mental health care** to ensure that those needing mental health support after the COVID-19 pandemic can access the care they need when they need it. This access will also alleviate strain on primary care, which will be focused on acute needs and postponed procedures following the pandemic.
    - **Accelerate a national universal pharmacare plan**. A lack of insurance coverage for medication especially impacts Canadians who experience serious mental health problems or mental illnesses, due to higher rates of poverty and unemployment.

7. Strengthen housing and employment supports for people with mental health problems and mental illnesses, and for all Canadians.

[8] In addition, forthcoming efforts must take an intersectional approach. As leaders across Canada and in the US have identified, COVID-19 has revealed and deepened persistent inequities experienced by women and girls, LGBTQ2S+ communities, Indigenous peoples in Canada, older adults, people of colour and people with disabilities.

- The COVID-19 pandemic has exposed that affordable housing and living wages are public health issues for everyone in Canada. Housing and employment are among the most important social determinants of good mental health, and a near prerequisite for successful recovery from mental illness and problematic substance use.
    - **Implement a Universal Basic Income Program** for Canada based on the experience of administering the CERB. Investments to enhance access to housing and a livable income will accelerate recovery and build resilience. In addition, Canada should accelerate its commitment to universal high-speed internet access for every Canadian, and should invest in universal basic internet allowance to enhance access to virtual mental health services.
    - **Establish new, permanent funding for supportive housing,** using as a basis the funding that is now empowering community organizations to devise housing solutions for those without shelter. We must end the crisis of chronic homelessness, in which mental illness and addiction play such key roles.

8. Invest in mental health promotion, mental illness prevention and early intervention.

- The COVID-19 recovery period will offer an important opportunity for a sustained commitment to preventive and proactive mental health care and promotion in the community, drawing on increasing public awareness of mental health problems.
    - **Monitor, prevent and intervene early** to ensure that the recovery from the pandemic is not hampered by an "echo pandemic" of adverse mental health experiences arising from the stress of isolation and loss of livelihood.
    - Our collective, mental health care response should see Canada **adopt a stepped-care model** underpinned by mental health promotion and early intervention as a means of fostering community and individual resilience to future crises. This can also support workplaces and schools to cultivate environments where it is safe to return, both physically and psychologically.

CONCLUSION: TOWARDS AN EQUITABLE RECOVERY

As the mental health response to COVID-19 continues to take shape, we must regularly ask important questions about how we will cope with the anticipated "echo pandemic." In the recovery phase and beyond, it will be critical for public policy to prioritize people and communities that are most in need. This must happen at an individual level, through meaningful and sustainable investments in the social determinants of health; it must also happen at a systems level, by empowering the organizations that support people and communities who have been made vulnerable. Community mental health organizations and persons with lived experience must be involved in building and sustaining coordinated, accessible, equitable and inclusive mental health services.

The spread of COVID-19 across Canada puts recent momentum and public interest around accessible mental health and addictions care at risk, particularly if it results in leaving existing promises and commitments unfulfilled. Canada must support all Canadians' mental health care needs in the immediate and recovery phases of COVID-19, but our leaders must also address persistent inequities in the social determinants of health and in access to high-quality, publicly funded mental health care for all.

If taken now, dedicated action on mental health will achieve a number of important goals: it will meet the long-term mental health needs that are anticipated in the “recovery phase” of COVID-19; it will acknowledge and address the unique impacts of COVID-19 on people with existing mental health problems and mental illnesses; and it will fortify the social determinants of health that can both prevent mental health problems and support an equitable recovery.

ABOUT THE CANADIAN MENTAL HEALTH ASSOCIATION

Founded in 1918, the Canadian Mental Health Association (CMHA) is the most established, most extensive community mental health organization in Canada. Through a presence in more than 330 communities across every province and one territory, CMHA provides advocacy and resources that help to prevent mental health problems and illnesses, support recovery and resilience, and enable all Canadians to flourish and thrive. Visit the CMHA website at www.cmha.ca.

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