

Responding to a Mental Health and Addiction Tsunami

**Recommendations to strengthen mental
health and addiction care in Ontario**

May 2021



OMAThoughts

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Introduction

The COVID-19 pandemic will negatively affect most Ontarians' mental health and can exacerbate suffering for those with existing mental illness and/or addiction. Experience with the severe acute respiratory syndrome (SARS) outbreak in the early 2000s demonstrated clearly that the mental health and addiction repercussions of a pandemic can persist for years. For example, one study found that more than 60 per cent of SARS survivors experienced symptoms of depression, anxiety and/or post-traumatic stress disorder (PTSD) within a year of recovering. A growing chorus of reports is shedding light on an unfolding "parallel epidemic." Ontario must create a multi-pronged approach to managing mental health and addiction. While action to date has been commendable, including government funding commitments and private-sector initiatives (such as Bell Let's Talk), a comprehensive plan to tackle the rise in mental health and addiction must start now.

The Ontario Medical Association (OMA), representing Ontario's doctors, has developed a five-pillar plan of action with recommendations for the government, health-care system, employers and society at large. The pandemic affects all of us, and we welcome collaboration to find solutions. What follows is a high-level summary of the current landscape followed by a proposed plan. A technical backgrounder is also available to provide the evidence that underpins this proposal.

The OMA has a central role to play both as a leader and collaborator in advancing this proposal. We can leverage our strength to inform robust policy development and support implementation efforts through communication and education. We can bring together physicians and stakeholders in the mental health and addiction community. The OMA is proud to lead its Physician Health Program to support physicians who are struggling with substance use and mental health concerns. We can also support the evaluation of policy interventions and the analysis of emerging and existing mental health and addiction data.

How is the pandemic affecting mental health and addiction?

The pandemic has created an unprecedented level of uncertainty for everyone. By nature, we strive to achieve a reasonable level of certainty in our lives, but the pandemic prevents this. In addition, a rapidly changing environment combined with a challenging public health narrative (with rotating lockdowns and the periodic emergence of variants of concern) makes the future even less clear.

A number of other factors are compounding the situation, including:

- Health anxiety related to contracting the virus.
- Emerging research suggests that more than one third of individuals may develop a lasting neurological or mental health condition following a COVID-19 diagnosis. (For example, in a study examining the risk of neurological and psychiatric diagnoses in 236,379 patients in the six months following a COVID-19 diagnosis, the estimated incidence of a neurological or psychiatric diagnosis was 34 per cent.)
- Uncertainty related to testing.

- Disrupted social networks and social isolation.
- Loss of employment for many, with corresponding socio-economic implications (such as insecurity related to income, food and housing).
- Increased demands on caregivers and parents.
- Limited participation in religious/faith and cultural practices and an overwhelming sense of isolation.
- Frequently changing access to health-care services, prompting confusion and caution among people seeking help for all health conditions, including mental illness and/or addiction.
- Concern about access to vaccination and/or vaccine hesitancy.

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Who is most vulnerable?

Policy-makers must consider that mental health is relevant to all Ontarians and that, as a result, a population approach is needed to ensure no one falls through the cracks. However, research and professional consensus have highlighted groups that would particularly benefit from more targeted intervention. These groups include:

- Those with pre-existing mental health challenges and/or addiction.
- Children and youth.
- People who provide care (formal and informal).
- Communities facing barriers, including persons experiencing homelessness, those with precarious income sources, the LGBTQ2S+ community, racialized communities and First Nations/Indigenous communities.

What happens if we don't act?

The impacts of mental illness and addiction are staggering and permeate all areas of society. The degree of human suffering and morbidity provoked by the COVID-19 pandemic is nearly unparalleled in modern history; many people have identified their battle with mental illness/addiction as one of the greatest challenges they have ever faced. The Mental Health Commission of Canada has estimated that approximately one in five Canadians is affected by a mental illness or addiction each year. The burden of mental illness and addictions in Ontario is more than 1.5 times that of all cancers and more than seven times that of all infectious diseases. The impact of mental illness and addiction on life expectancy, quality of life and health care uptake is significant, yet it often goes under-

recognized. The ultimate consequence is the preventable loss of life through suicide or overdose, which has a devastating impact on family members, friends and peers. It is also a poor reflection of how society responds to those who are most vulnerable and in crisis.

Mental illness and addiction can also have negative impacts on workplace productivity. Those most affected require frequent time away from work to manage their illness, while others may be unable to attend to work altogether. In addition, mental illness and addiction significantly strain health and social services. Those in crisis often present to the emergency department and may require lengthy hospitalization. The rate of mental illness and addiction in those who experience homelessness is also significant—and these health issues limit their quality of life and often contribute to other health complications. Cumulatively, these outcomes create significant economic and social challenges that necessitate an innovative policy response.

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Why should we respond now?

The time to act is now, amid the global pandemic, because early identification and intervention are the keys to preventing complications and disabilities. If those who are struggling today have timely access to adequate resources and support, the problem may be resolved altogether, or at least managed in a way that allows for improved quality of life. In addition, for those who are already experiencing mental illness or addiction, a comprehensive treatment plan wrapped around personal needs is a critical element on the path to recovery.

While there was a great sense of unity and comradery during the onset of the pandemic, fatigue is beginning to set in. This effect will likely become more pronounced in the weeks and months ahead. Therefore, it is critical that we build capacity in our health and social systems to effectively address the parallel, rapidly unfolding mental health and addiction pandemic. Health-care systems around the world were left scrambling by the sudden emergence of the COVID-19 virus. The development of mental illness and/or addiction, and the complications associated with them, can be more subtle and progress gradually. It is clear that the time to respond is now, and that a successful approach will improve quality of life, promote economic prosperity, improve health and social system capacity and ultimately save lives.

The following five pillars represent a comprehensive mental health and addiction approach that can be initiated immediately and used throughout and after the pandemic. These pillars are not necessarily linear; some overlap is unavoidable. The proposals regarding stakeholders are not meant to be prescriptive or exclusive, but rather to signal opportunities for engagement and collaboration with policy-makers and decision-making bodies.

Pillar #1: Planning for a sustainable “modified normal”

Much remains unknown about the COVID-19 virus. As such, public health decision-makers have largely advised the precautionary principle to date. However, thanks to ongoing research, our understanding of the virus is increasing by the day. Aggressive public health measures—including limiting physical contact, prohibiting gatherings, suspending business operations and restricting travel—were necessary, and will continue to be needed in some form for the next while. However, while the focus has necessarily been on minimizing viral transmission to protect physical health, mental health is also an essential component of public and population health—and unfortunately, restrictions aimed at curbing viral transmission can create unintended negative impacts on mental health and addiction.

Hope is on the horizon with the introduction of new vaccines and therapeutics. However, it is unlikely that the COVID-19 virus and its variants will disappear completely soon. Wide-scale and aggressive limits on liberties and mobility are challenging to sustain. Political leaders are eager to promote economic recovery, and the public is showing signs of quarantine fatigue. It is difficult to imagine mental health and addiction outcomes improving if we do not address the current social conditions. Therefore, we need to make data-driven, risk-based decisions through a mental health and addiction lens to create a sustainable “modified normal.”

While there is no on/off switch, we can plan a gradual return to a modified normal by taking the actions below to consider mental health and addiction in decision-making. These measures have the potential to improve overall well-being by allowing socialization to resume gradually.

Action: Place greater emphasis on mental health and addiction needs in decisions about public health measures, with the goal of managing the virus in ways that support population mental health.

Outcome: Adapting public health measures in a safe, thoughtful and systematic way will reduce many of the negative implications these measures are currently having on mental health and well-being.

Immediate priorities:

- **The Government of Ontario and public health units**, in collaboration with key sector stakeholders, should elevate the voices of mental health and addiction leaders and representatives by ensuring they are represented at all provincial and local pandemic decision-making tables.
- **The Government of Ontario** should task public health units and other key stakeholders with evaluating and reporting on the mental health and addiction implications of future public health restrictions prior to making decisions.

- **Ontario’s Mental Health and Addictions Centre of Excellence** should publicly report on and regularly update mental well-being indices and the emergence or exacerbation of mental illness and/or addiction and death from suicide and overdose. This information should be reported with emphasis that is equitable to that given to daily reports on COVID-19 infections and complications.
- **Community leaders** (for example, citizens’ groups, service groups and municipal leaders) should bring people together creatively and safely during the recovery phase of the pandemic around shared community interests. When people come together to work on common goals, such as organizing vaccination clinics, park clean-ups or food drives, it is mentally rewarding and protective.

Pillar #2: Providing support to those who need it

Ontario has long struggled to ensure that all Ontarians can access the support they need to manage their mental health and/or addiction effectively. The pandemic will strain this capacity further if action is not taken now, given that prevention and early intervention are often critical factors for success. In addition, the system should be able to provide intensive and comprehensive support to those who are experiencing complex mental illnesses and/or addictions.

Evidence-based psychotherapy is central to many treatment plans for those who struggle with mental illness and/or addiction. This is especially relevant to many people who are in the early stages of “feeling down” or “not quite themselves.” Research conducted over many years has shown that psychological treatment may provide significant benefits for 75 to 80 per cent of people. The evidence also demonstrates that it can have a lasting benefit and work well alongside pharmacological treatments. Unfortunately, publicly funded therapy options are currently limited, and not every Ontarian has access to an employee assistance program.

Ontario must also accelerate its capacity to treat addiction in order to combat the alarming increase in overdose- and opioid-related deaths. A Canadian Institutes of Health Research report stated that Ontario faced a 40 per cent spike in opioid-related deaths in 2020, largely influenced by the COVID-19 pandemic. As a result, 2020 was the worst year to date in the province’s history for opioid-related deaths. Reports of toxic drug supply are rising. Consumption of alcohol and cannabis have increased throughout the pandemic. Addiction is complex and requires a comprehensive suite of community-based services to promote the best possible outcomes. A combination of abstinence-based and harm-reduction interventions, based on each person’s unique circumstances, is needed.

Ontario faced a 40 per cent spike in opioid-related deaths in 2020, largely influenced by the COVID-19 pandemic. As a result, 2020 was the worst year to date in the province’s history for opioid-related deaths.

We also know that not all communities have faced the brunt of the pandemic in quite the same way. Communities facing barriers—including persons experiencing homelessness, those with precarious income, and LGBTQ2S+ and racialized communities—have long faced challenges related to inequities. For example, a nationwide survey conducted by the Canadian Mental Health Association found that suicidal thoughts or feelings as a result of the pandemic were more common among those with pre-existing mental health conditions, Indigenous people, individuals with disabilities, LGBTQ individuals and parents with young children. It is clear that the pandemic is amplifying persistent mental health inequities, and that greater efforts to achieve health equity and respond to the social determinants of health are needed.

Action: Ensure all Ontarians have timely access to equitable, high-quality, evidence-based interventions.

Outcome: Prevention and treatment are the keys to recovery from mental illness and/or addiction. They can decrease morbidity and mortality and improve quality of life.

Immediate priorities:

- **The Government of Ontario**, public health units and other key stakeholders should take a population health approach to the prevention, early identification and treatment of mental illness and addiction in response to the pandemic.
- **The Government of Ontario**, public health units and Ontario's Mental Health and Addictions Centre of Excellence should engage health-system researchers, health-care providers and people with lived experience to incorporate a health-equity lens and the social determinants of health into all decision-making.
- **The Government of Ontario** should work with the OMA to provide physicians with the resources they need to deliver effective mental health and addiction care, recognizing the complexity, flexibility and time needed to respond to pandemic-related mental health and addiction care challenges.
- **Ontario's Mental Health Centre of Excellence** should compile, disseminate and regularly update clear regional inventories of mental health and addiction service availability, eligibility and referral requirements to health-care providers.
- **The Government of Ontario** should embed mental health and addiction human resources directly into primary care and make them accessible to all Ontarians, regardless of primary care model. Primary care providers are often the first point of contact for those seeking assistance and are where most people access mental health care.
- **Ontario's Mental Health Centre of Excellence** and **Ontario Health**, in collaboration with key stakeholders, should develop clear guidance regarding the delivery mechanisms for effective mental health and addiction care, including clarity on virtual-care tools to support mental well-being, removing barriers to virtual care (for example, for persons experiencing homelessness or those with limited access to broadband internet), and determining which services are most effective when offered in-person.

- **Ontario’s Mental Health Centre of Excellence**, in collaboration with key stakeholders, should accelerate and evolve the rollout of the government’s structured psychotherapy program to provide equitable access to high-quality therapy for all Ontarians, given that the cost of private therapy is out of reach for many. Physicians must play a key role in the design and rollout of this strategy. This will require increased support for those physicians who provide psychotherapy and other mental health and addiction services to Ontarians.
- **The Government of Ontario** should provide sustainable and sufficient funding for the delivery of community-based addiction services. This must include strengthening the leadership capacity of the expert physicians who provide life-saving opioid agonist therapy (among other essential health services). The government should also expand the number of supervised consumption sites and other harm-reduction initiatives.
- **Ontario Health** should direct and fund all Ontario hospitals to ensure that all emergency departments offer dedicated on-site mental health resources 24/7.

Pillar #3: Supporting those who provide care

Formal caregivers—including doctors, nurses, personal support workers, paramedics, respiratory therapists and lab technicians—are the glue that holds the health-care system together, and they form the backbone of the province’s response to the pandemic. Even before the pandemic, working as a health-care provider meant working in an environment characterized by unparalleled stress. It has been found that due to the nature of their professions, health-care providers are at heightened risk of experiencing mental health challenges and/or addiction. The COVID-19 pandemic has exacerbated this issue because most health-care providers were not trained to practice in the current environment. For example, new stresses include wearing layers of personal protective equipment all day, having to restrict patient visitors at the last stages of life, and coping with general uncertainty about workplace safety. Experts agree that supporting the well-being of these individuals is a key part of having an effective health-care system.

Physicians experience burnout in different ways and with varying levels of severity. Symptoms can include emotional exhaustion, depersonalization or feelings of detachment, cynicism toward people and work, and a reduced sense of accomplishment. Prior to the start of the pandemic, an alarming number of Canadian physicians met the criteria for burnout. It was reported that approximately one in three physicians and residents are affected by this issue. A study published by the *Canadian Journal of Emergency Medicine* in June found that 86 per cent of Canadian emergency physicians—who are key frontline workers during the pandemic—met the criteria for burnout, and nearly six per cent had considered suicide. Alarming, based on limited data, it has been estimated that approximately 30 to 40 physicians take their own lives in Canada each year.

The OMA established a Burnout Task Force in 2019 to address the significant strain felt by many physicians. This work involved identifying contributing factors, collaborating and co-ordinating with stakeholders, developing system-level recommendations on preventive measures, and advocating

to the provincial government. Left unaddressed, physician burnout will lead to preventable suffering among doctors and can ultimately limit the system's capacity to deliver health care because of early retirements or relocations.

A survey reported that one-third of carers were new to caregiving in the past year and more than 50 per cent of caregivers have found it more difficult to manage their caregiving responsibilities since the COVID-19 outbreak.

Ontario also relies heavily on what are often referred to as “informal caregivers.” The pandemic has increased the number of people providing care to loved ones, friends and/or children. For example, a survey conducted by the Ontario Caregiver Organization on the impact of the COVID-19 pandemic on family caregivers found a significant increase in the responsibilities of caregiving, the time spent caregiving and the number of people serving as caregivers. Specifically, the survey reported that one-third of carers were new to caregiving in the past year; more than 50 per cent have found it more difficult to manage their caregiving responsibilities since the COVID-19 outbreak; and caregivers were spending more hours on caregiving responsibilities, particularly providing emotional and behavioural support, transportation and help to complete tasks around the home. While caregiving can be an rewarding experience, it can also be mentally and physically taxing. Better support is needed to help people manage the mental demands of caregiving, during and after the pandemic.

Action: Make targeted interventions to ensure mental well-being for those who provide care.

Outcome: Caregiver experience and mental well-being and the sustainability of the workforce that provides care.

Immediate priorities:

- **The Government of Ontario** should increase funding to mental health and addiction service providers, professional associations, health-care employers and regulatory bodies to strengthen and expand assistance programs for health-care providers and should consider creating new services where there are gaps in coverage (for example, personal support workers).
- **The Government of Ontario** should increase funding to mental health and addiction service providers, professional associations, health-care employers and regulatory bodies now to proactively ensure support to health-care providers after the pandemic has ended. We know that the mental health impacts of the pandemic, including PTSD, can persist once the pandemic is resolved. Mental health services that have been made available for health-care providers during the pandemic should continue to be offered indefinitely.

- **The Government of Ontario** should increase access to respite for family caregivers during the pandemic and beyond through appropriately resourced home and community care organizations and by offering more respite beds in congregate settings. This will help prioritize the mental well-being of family caregivers and promote their financial and job security by recognizing and protecting the time needed to provide care.
- **Health-care providers** should recognize and make time to ensure caregiver well-being in their daily practice (for example, making room for a private touchpoint at a loved one's appointment) and, whenever possible, extend assistance when needed.

Pillar #4: Supporting youth

Childhood and adolescence are critical periods for the development of physical, social, emotional and cognitive skills that support lifelong healthy behaviours and mental health. The COVID-19 pandemic has disrupted the normal routines and activities that are essential for such development by leading to school closures, reduced extracurricular activities and lack of access to the non-academic supports normally offered in school settings. Youth have had limited access to sport, exercise and recreation, which normally enhance their physical and mental wellness and promote socialization. Early data are showing that these disruptions have resulted in mental health challenges. For example, research conducted by the Hospital for Sick Children—which surveyed more than 1,000 parents of children and youth aged two to 18 along with nearly 350 youth aged 10 to 18—found that across six domains of mental health (depression, anxiety, irritability, attention span, hyperactivity and obsessions/compulsions), 70.2 per cent of school-aged children reported deterioration in at least one. The detrimental mental health implications of the pandemic for school-aged children and youth underscore the importance of in-class learning and extracurricular activities for these populations.

The increased use of social media among children and teenagers is also postulated to be an especially strong contributing factor to mental health concerns during the COVID-19 pandemic, with children accessing social media at increasingly younger ages. A report from Ann & Robert H. Lurie Children's Hospital of Chicago revealed that, according to the nearly 3,000 parents surveyed, 63 per cent of teens are using social media more than they did pre-pandemic. According to this report, social media may have negative effects on self-esteem, confidence, social skills and focusing ability, and may increase the risk for exposure to abusive or inappropriate content and cyberbullying, all of which could have detrimental mental health implications. Accordingly, parents—along with technology companies, social media platforms and policy-makers—have an important role to play in keeping children safe online by establishing or enhancing privacy policies and measures to protect young users from abusive content.

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Although the pandemic has not necessarily been detrimental to all youth, and experiences may vary based on factors like socio-economic status, developmental status and learning style, the emergence and exacerbation of mental illness and/or addiction in youth must be mitigated and/or managed promptly. Alberta's Mental Health Foundation indicates that when left untreated, treated late or treated poorly, mental illness and/or addiction can result in school/work failure, strained relationships, hospitalization, suicide, homelessness, legal problems and violence. As such, it is evident that a long-term, strategic and multi-faceted response is required to ensure young people have the support they need for optimal mental wellness and development.

Action: Do everything possible to prevent the emergence of mental illness in youth and/or provide early intervention and education if prevention is not possible.

Outcome: Our future leaders will achieve the resiliency, emotional intelligence, developmental milestones and knowledge they need for their own personal success and mental well-being.

Immediate priorities:

- **The Government of Ontario**, in collaboration with educators and schools, should prioritize in-person learning at school (only when it is safe to do so, based on sound public health evidence) and should include greater emphasis on mental well-being and resilience in the curriculum, for example by teaching mindfulness and stress management and identifying resources and supports.
- **The Government of Ontario** and **public health units** should fund and rapidly deploy on-the-ground resources where youth are most accessible to strengthen their mental health. For example, increasing access to public health nurses and social workers in schools can make early intervention and assistance more likely.
- **Law enforcement, educators and youth service providers**, with support from parents, guardians and families, should address the increased online risks for youth by developing policies that prevent harmful online activities targeting young people, developing educational materials to prevent the harms of excessive screen time, and prioritizing the resumption of healthy social and extracurricular activities when it is safe to do so.

Pillar #5: Supporting seniors

Seniors in the community and congregate living settings are often overlooked when considering the pandemic's mental health and addiction implications. At baseline, a sizable segment of older persons are known to experience significant depression: it has been estimated that in Ontario, 289,000 to 680,000 of adults over the aged of 65 (17 to 30 per cent) are affected by mental health problems, depending on which diagnoses are included in the analysis. While some pandemic-related research points to a higher degree of resilience in older persons, countless reports from family and friends paint a vastly different and concerning picture that speaks to a decline in older adults' mental well-being. Given seniors' heightened vulnerability to serious complications from the COVID-19 virus, many have experienced greater feelings of isolation and loneliness. As well, many are not comfortable using technology (beyond the telephone) to socialize—a situation that limits their opportunities for interaction and connectivity, compounding the issue.

In Ontario, 289,000 to 680,000 of adults over the aged of 65 (17 to 30 per cent) are affected by mental health problems, depending on which diagnoses are included in the analysis.

Action: Recognize and prioritize seniors' mental health and risk of addiction by developing policies that provide appropriate assistance for those who are struggling, and find ways to reduce loneliness and isolation.

Outcome: Seniors will feel a renewed sense of connectivity and reduced isolation and report improved mental well-being.

Immediate priorities:

- **Health-care providers** should be aware of the isolation impacting seniors and regularly screen for the presence of mental illness and/or addiction.
- **Community and public health leadership** should identify novel ways to reduce seniors' isolation while offering protection from the heightened risk of complications from the COVID-19 virus.
- **The Office of the Chief Medical Officer of Health** should collaborate with long-term care homes and associations to come up with an evidence-based plan to reduce the isolation and social restrictions experienced in long-term care homes, given that seniors were prioritized for COVID-19 vaccines and that many homes now have high rates of immunization among residents.

Conclusion

The OMA appreciates the opportunity to contribute to the discussion underway regarding the mental health and addiction implications of the COVID-19 pandemic. We are pleased to provide a five-pillar plan that responds to the urgent and increasing needs that have arisen. Our call to action is for decision-makers, health-system leaders, employers and others to join physicians in tackling the challenges. By acting today, we can respond to the parallel epidemic that is emerging and ultimately decrease morbidity, improve quality of life and prevent the loss of life.