

HL24.2 Attachment 2

Attachment 2: Indirect Impact of COVID-19 and Associated Public Health Measures on the Mental Health and Well-Being of Toronto Residents

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Background

The COVID-19 pandemic, as well as the public health measures put in place to prevent its spread have been increasingly shown to impact mental health and well-being. The constant fear, worry, uncertainties and stressors during the COVID-19 pandemic can lead to long-term consequences for communities, families and vulnerable individuals.¹ The most prominent negative psychological effects include confusion, stress, and anger associated with quarantine duration, infection fears, frustration, boredom, inadequate supplies, inadequate information, financial loss, and stigma.² In Canada, according to the Canadian Perspectives Survey Series survey, only about half of individuals aged 15+ reported excellent or very good mental health during the COVID-19 wave 1 period, with stress and anxiety resulting from physical distancing measures being a major concern.³ A report from the Toronto Foundation from late April also noted growing mental health concerns among Toronto residents.⁴

Objectives

We examined the indirect impact of the first wave of the COVID-19 pandemic and associated public health measures on the mental health and well-being of Toronto residents. This included mental health care-seeking, substance misuse, and impact on children and families). This information can be used by the City of Toronto and community agencies to inform programming and policies in order to increase awareness and inform potential mitigation strategies.

Approach

We examined Toronto-specific data that related to the Wave 1 timeframe of COVID-19 in the city. We included indicators of ambulatory services (e.g., emergency department) and contacts with mental health referral agencies as well as local mental health care providers. Where available, we examined the following time periods: "Pre-COVID-19" (Jan 1 to Mar 17, 2020, when Ontario declared a public health emergency) and "During COVID-19" (Mar 18 to Jul 31, 2020, when Toronto entered 'Stage 3' of reopening). These were compared to the same periods in 2019. We focused on help-seeking behaviours (e.g., call volumes to a distress line) overall, by area of concern (e.g., anxiety, crisis call), and by age and gender, where available. Other sociodemographic characteristics were not available from the identified data sources.

Summary of key findings

While mental health and addictions-related help-seeking in the emergency department decreased during the first wave of COVID-19, help-seeking from virtual and telephone supports, including crisis lines, increased, both in large referral agencies and local providers. There was also an increase in concerns related to depression and anxiety, in particular around isolation and loneliness, physical health, and availability of services.

Emergency department (ED) use: The overall number of ED visits for any reason declined by 13% during COVID-19, and was below the daily average volume for a similar timeframe in 2019.

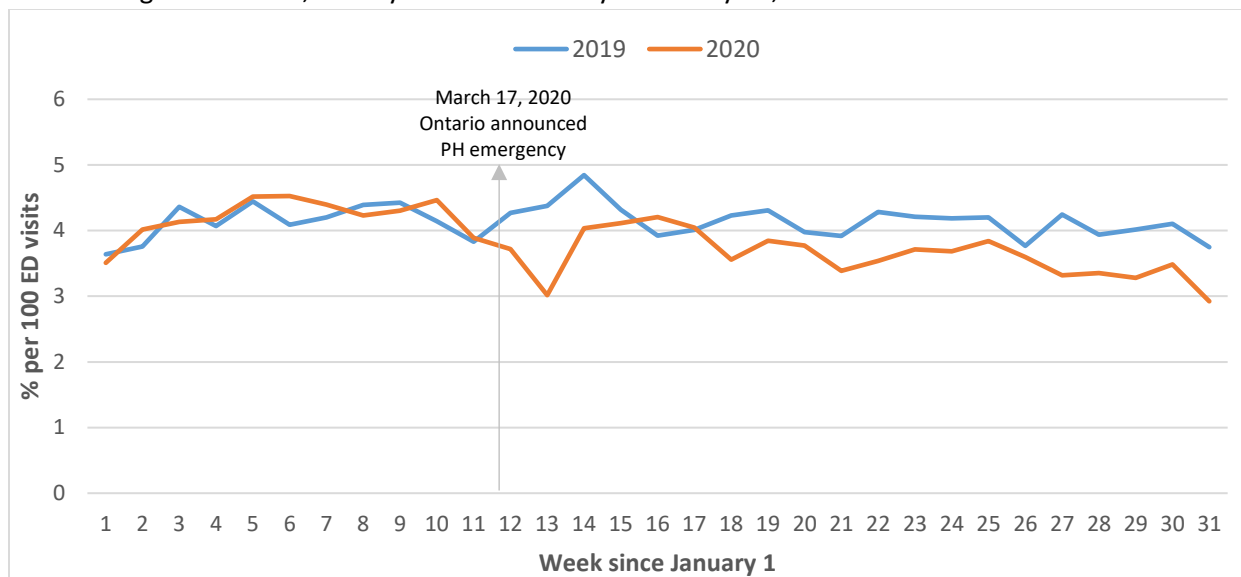
- *ED visits for mental health and deliberate self-harm:* The drop in ED visit volume was more pronounced for mental health-related visits (including visits for deliberate self-harm), with a 24% decrease in the daily average number of visits. The decrease was most prominent around the end of March 2020, shortly after Ontario declared COVID-19 a public health emergency on March 17, 2020 (**Figure 1**). In addition to the drop in volume, there was also a dip in the proportion of ED visits that were due to mental health-related issues. The decline was driven primarily by fewer visits among younger individuals under the age of 24 years. The proportion of mental health-related ED visits that

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were triaged as less severe have increased, indicating that people may be visiting the ED for concerns that could be addressed in outpatient settings.

- *Substance-related ED visits:* Although the overall proportion of alcohol-related ED visits in 2020 remained stable and comparable to 2019, visits among males and more severe cases became more common during COVID-19. At the same time, the proportion of ED visits due to other substance-related toxicity declined slightly, driven primarily by decreases among less severe cases and individuals under the age of 24.

Figure 1: Proportion of ED visits due to mental health-related reasons, including deliberate self-harm, in Toronto residents aged 10 to 105, weekly between January 1 and July 31, in 2019 and 2020.



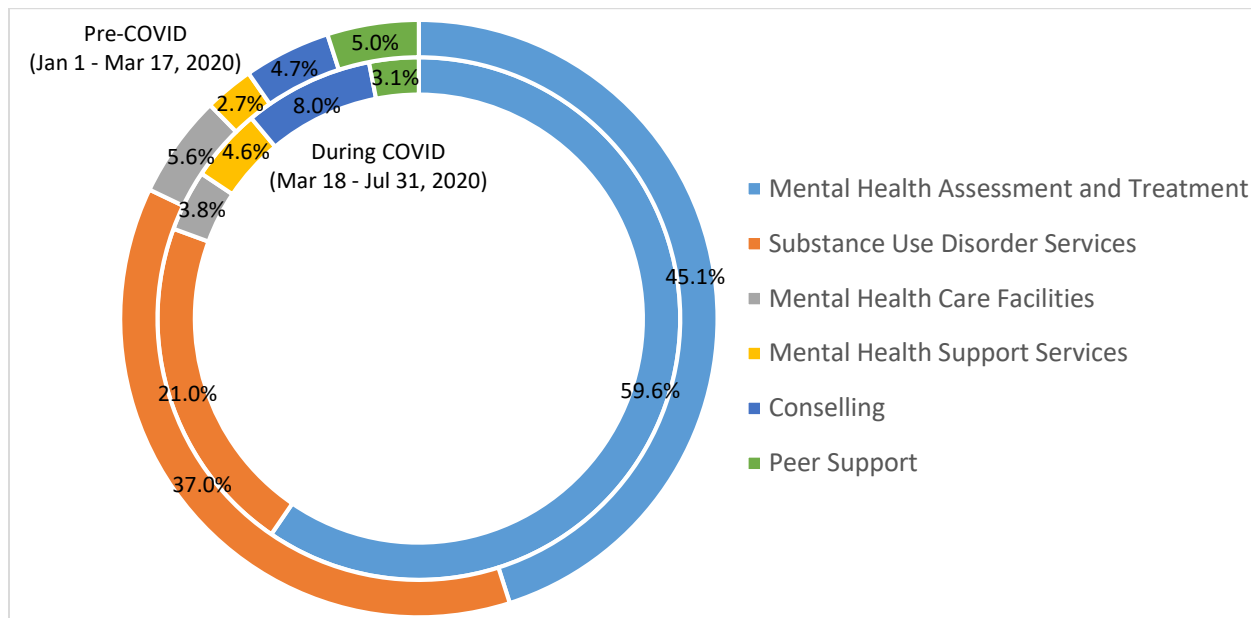
Data source: Acute Care Enhanced Surveillance. ED Line Listings. January 2019 to July 2020. Extracted September 21, 2020.

Other mental health help-seeking: In contrast to the decline in mental health-related ED visits, the number of Toronto residents contacting providers that offer mental health support and referral services increased during the pandemic.

- *Mental health referral agencies:* There was an increase in the volume of contacts made by Toronto residents to ConnexOntario and 211 Central during COVID-19, beyond what was observed for the same timeframe in 2019. This may partially be explained by increased communication and outreach to the public via social media and other avenues by the agencies. Compared to earlier in 2020, during COVID-19 there was an increase in ConnexOntario contacts for anxiety-related concerns and crisis interventions. Similarly, crisis intervention contacts to 211 Central became more common, as were contacts requiring mental health assessment and treatment (**Figure 2**). For both organizations, program closures during COVID-19 resulted in decreasing client referrals to certain services (e.g., detoxification centres, residential programs, and clinics), decreasing the percent of contacts for substance use disorder services.

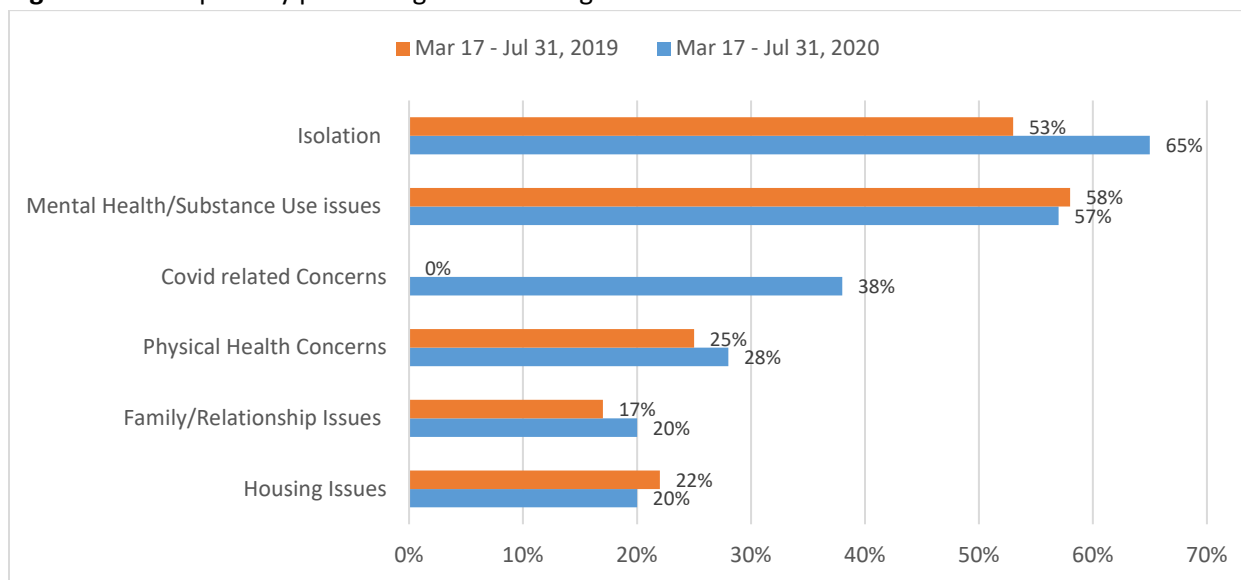
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Figure 2: Proportion of 211 Central mental health-related contacts made by Toronto residents, Jan 1 – Jul 31, 2020, by area of need



- Local organizations:** There was an increase in the volume of contacts made by Toronto residents to local organizations, including Progress Place, Gerstein Crisis Centre, and Distress Centres of Greater Toronto, who provide counselling, crisis interventions, and emotional support. These providers have adapted their services to the COVID-19 reality (e.g., adding extended hours, modifying staffing and scheduling), and recorded increasing concerns around mental health, isolation and loneliness, physical health, finances, and worry around closures or changes of available services (**Figure 3**).

Figure 3: Select primary presenting issues among Gerstein Crisis Centre crisis calls



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Children and families: COVID-19 has had mostly negative but also some positive impacts on children and families.

- *Kids and teens:* A survey of 356 pairs of Toronto kids and teens aged 9-15 and a parent/caregiver conducted by Maximum City reported a range of emotions felt more intensely during, compared to before the pandemic, including boredom and worry (in particular that someone they care about will get COVID-19). However, many also reported feeling calmer, happier, and more rested.
- *Parents and families:* A sample of approximately 200 Toronto caregivers (Ontario Parent Survey) also highlights deteriorating parental mental health, including depressive symptoms, anxiety, and alcohol consumption since the COVID-19 pandemic started. Caregivers indicated concerns about managing their children's - as well as their own - time, anxiety and/or stress, and household routines. Though some reported deterioration in their child's mood or behaviour, over half noted positive experiences, including spending more time as a family.
- *Family violence:* The number of Toronto women contacting the Assaulted Women's Helpline has increased during COVID-19. The proportion of calls for emotional abuse, financial abuse, and threats increased, compared to 2019.

Next Steps

- This report will be further updated with a new time-frame corresponding to the Fall resurgence of the COVID-19 pandemic, using data up to the end of 2020.
- We will continue to engage with data partners and seek additional data sources in order to obtain relevant information on mental health and well-being indicators

Data Sources (in alphabetical order)

- 211 Central (211central.ca)
- Assaulted Women's Helpline (awhl.org)
- ConnexOntario (connexontario.ca)
- Distress Centres of Greater Toronto (dcogt.com)
- Gerstein Crisis Centre (gersteincentre.org)
- KFL&A Public Health Informatics (kflaphi.ca/acute-care-enhanced-surveillance/)
- Maximum City - The Child and youth well-being study (maximumcity.ca).
- McMaster University – the Ontario Parent Survey (strongfamilies.ca)
- Progress Place (progressplace.org)

References

1. Inter-Agency Standing Committee (IASC) Reference Group on Mental Health and Psychosocial Support in Emergency Settings. Addressing Mental Health and Psychosocial Aspects of COVID-19 Outbreak Version 1.5 Feb 2020.
2. Brooks SK, Webster RK, Smith LE, Woodland L, Wessely S, Greenberg N, Rubin GJ. The psychological impact of quarantine and how to reduce it: rapid review of the evidence. *The Lancet*. 2020 Feb 26.
3. Statistics Canada. Canadian Perspectives Survey Series 1: Impacts of COVID-19. April 8, 2020. Accessed April 30, 2020: <https://www150.statcan.gc.ca/n1/daily-quotidien/200408/dq200408c-eng.htm>
4. Toronto Foundation. Better Toronto Coalition Brief #3. COVID-19 and the repercussions for mental health in Toronto. April 30, 2020. Accessed May 07, 2020: <https://torontofoundation.ca/covid-19-and-the-repercussions-for-mental-health-in-toronto/>