

Indirect impact of the fall resurgence of COVID 19 and associated public health measures: Focus on the mental health and well being of Toronto residents

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Background

Starting in August 2020, a resurgence of COVID-19 has been observed in Toronto, with increasing case counts, health system demand, and deaths. The provincial and local governments have therefore imposed additional public health control measures to curb the spread of COVID-19. Beyond the well-documented fear, worry, uncertainties and stressors during the COVID-19 pandemic,¹ 'pandemic fatigue', associated with adherence to COVID-19 restrictions, has been a recurrent theme throughout the crisis,² and may have also influenced mental health and well-being.

Objectives

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

Approach

We examined existing Toronto-specific data for Wave 1 and Wave 2 timeframes of the COVID-19 pandemic. We included ambulatory service use (e.g., emergency department) and contacts with mental health referral agencies and local mental health care providers. Wave 1 was from Mar 18 to Jul 31, 2020 (from Ontario's declaration of public health emergency and up to when Toronto entered 'Stage 3' of reopening) and Wave 2 as Aug 1 to Dec 31, 2020 (the remainder of the calendar year). To take into account seasonality, Wave 2 was also compared to the same timeframe in 2019 (for additional comparisons to pre-COVID-19 in 2020 and 2019, please see previous report).³ We focused on help-seeking behaviours overall (e.g., call volumes to a distress line), 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.

Limitations

- Wave 2 data do not reflect the entire wave, but rather reflect information up to its peak. As such, impacts experienced after the peak and related to the provincial shutdown (Dec 26, 2020) or the extended stay-at-home order (Jan 14, 2021), may not be captured.
- This approach misses individuals who did not seek help and those who sought help from providers not captured in this report (e.g., general practitioners, psychologists). Furthermore, it is unknown whether individuals sought help from multiple providers, or if a reduction in volume in one provider is related to an increase in volume elsewhere.
- Some data sources collect information for administrative, rather than clinical purposes. As such, capture of presenting concerns should be interpreted with caution. Any survey information obtained from small convenience samples should not be taken to represent the thoughts and feelings of all Toronto residents.

Summary of key findings

While mental health and addictions-related in person help-seeking in the emergency department has increased slightly between Wave 1 and Wave 2 of the pandemic, largely driven by visits with severe presentation, it was still below what was observed for a similar timeframe in 2019. At the same time, help-seeking from virtual and telephone supports, including crisis lines operated by large referral agencies, decreased slightly during Wave 2 compared to Wave 1, while contacts with local organizations have somewhat increased. Across community-based service providers, concerns related to substance use increased as the pandemic unfolded, while concerns related to depression and anxiety

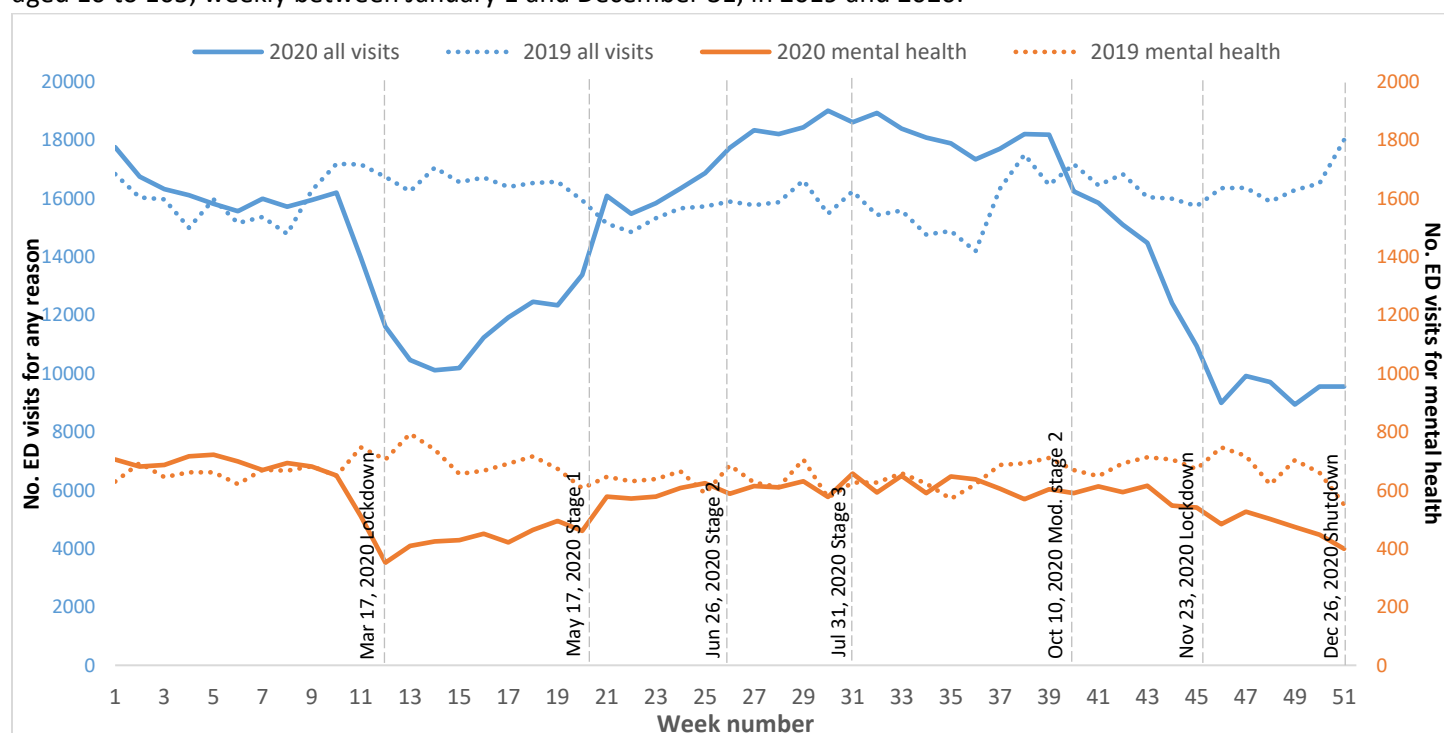
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remained stable or slightly subsided. Still, similarly to Wave 1, isolation and loneliness, mental/physical health, and financial issues remained prominent areas of need. In children and youth, well-being was strongly associated with individual circumstances, including living arrangements, virtual versus in-person learning, and the ability to spend time outdoors, engage in play, and connect with peers.

Emergency department (ED) use: The number of ED visits for any reason was highest in August (~19,000 visits) and then rapidly dropped as public health measures escalated starting in fall 2020, reaching a low of ~9,000 visits in December (**Figure 1**). During Wave 2, the daily average volume of ED visits remained similar to Wave 1 (2,067 and 2,059 daily avg. visits, respectively), and was 11% lower than the daily avg. volume observed in a comparable timeframe in 2019 (2,309). This pattern was more pronounced in ED visits that were triaged as less severe, indicating that during public health closures, people may be visiting the ED less frequently for concerns that could be addressed in outpatient settings.

- *ED visits for mental health and deliberate self-harm:* A different pattern was observed for mental health-related visits (including visits for deliberate self-harm), with an 8.4% increase in the daily average volume from Wave 1 to Wave 2 (74.1 to 80.3 daily avg. visits, respectively), but still remaining well below the 2019 daily average volume (94.4). The proportion of all ED visits attributable to mental health similarly increased from 3.6% to 3.9% throughout the pandemic, but remained below the 4.1% observed in 2019 (**Figure 1**). The Wave 1 to Wave 2 increases were driven primarily by ages <18 and >65, visits presenting as severe, and visits for deliberate self-harm.
- *Substance-related ED visits:* Although the overall proportion of substance-related ED visits in 2020 remained stable (1.4%, 29.4 daily avg. visits) and slightly below 2019 (1.6%, 36.7 daily avg.), visits among more severe cases became more common during Wave 2 (26.6% to 29.3%). Among substance-related visits, there was no notable change: the proportion of visits due to alcohol went from 13.8% to 12.6% during Wave 2 and the proportion due to other substance-related toxicity went from 86.2% in Wave 1 to 87.4% in Wave 2.

Figure 1: Number 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 December 31, in 2019 and 2020.



Data source: Acute Care Enhanced Surveillance. ED Line Listings. Jan 2019 to Dec 2020. Extracted Jan 18, 2021.

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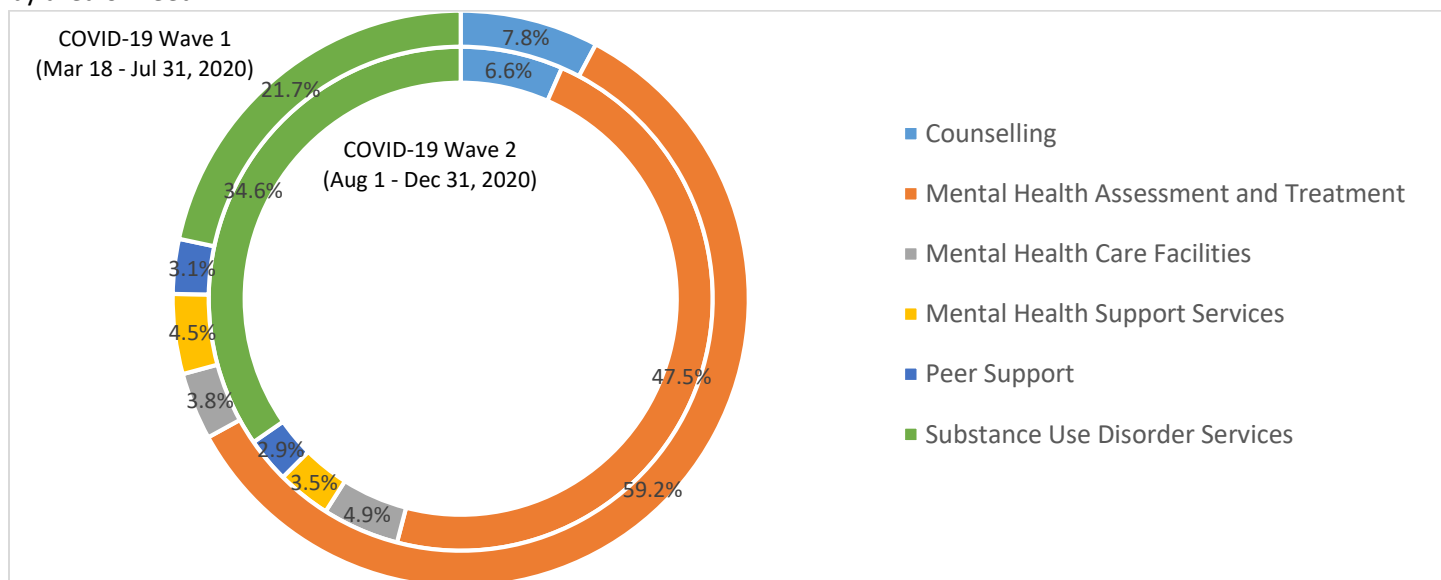
Death by suicide (Wave 1): Preliminary counts from the Office of the Chief Coroner of Ontario on deaths by suicide show that 137 Toronto residents died by suicide from January to June, 2020. This represents an annualized rate of death by suicide of 8.8 per 100,000 population in the first half of 2020, which is lower compared to 9.4 per 100,000 recorded in 2019. Data for the second half of 2020 are not yet available.

Other mental health help-seeking: A small decline was observed between Wave 1 and Wave 2 in the volume of contacts with providers that offer mental health support and referral services, though still above what was observed pre-pandemic. The decline appears to be driven by a reduction in crisis calls. Additionally, during Wave 2, there have been fewer contacts related to depression and anxiety, but more contacts related to substance use, compared to Wave 1. By contrast, local mental health organizations saw a slight increase in the volume of contacts, with the most common concerns being isolation and loneliness, mental/physical health, and finances.

- Mental health referral agencies:**

- **ConnexOntario:** Compared to Wave 1 of COVID-19, which saw a higher-than-average volume of contacts with ConnexOntario, in Wave 2 the daily average volume of contacts dropped (33.5 vs. 25.3), falling below a comparable timeframe for 2019 (29.2 daily avg. contacts). Between Waves 1 and 2, there was a drop in the proportion of crisis calls (10.9% to 4.1%) and contacts for anxiety and depressive disorders (29.7% to 26.1%), while contacts for substance-related concerns, including alcohol, opioid, and stimulant use as well as clinic/program referrals have increased (28.5% to 34.1% and 42.3% to 50.7%, respectively).
- **211 Central:** Similarly, the total volume of contacts with 211 Central between Wave 1 and Wave 2 dropped slightly (317.3 to 276.3 daily avg. contacts), but remained higher than what was observed during the same timeframe in 2019 (196.9 daily avg.). At the same time, the proportion of calls due to mental health has increased slightly (7.2% to 10.8%). Among mental health calls, the proportion with substance-related needs increased (21.7% to 34.6%) while mental health assessment and treatment needs decreased (59.2% to 47.5%, **Figure 2**). The proportion of mental health-related crisis calls also declined (35.2% to 25.0%).

Figure 2: Proportion of 211 Central mental health-related contacts made by Toronto residents, Mar 18 – Dec 31, 2020, by area of need



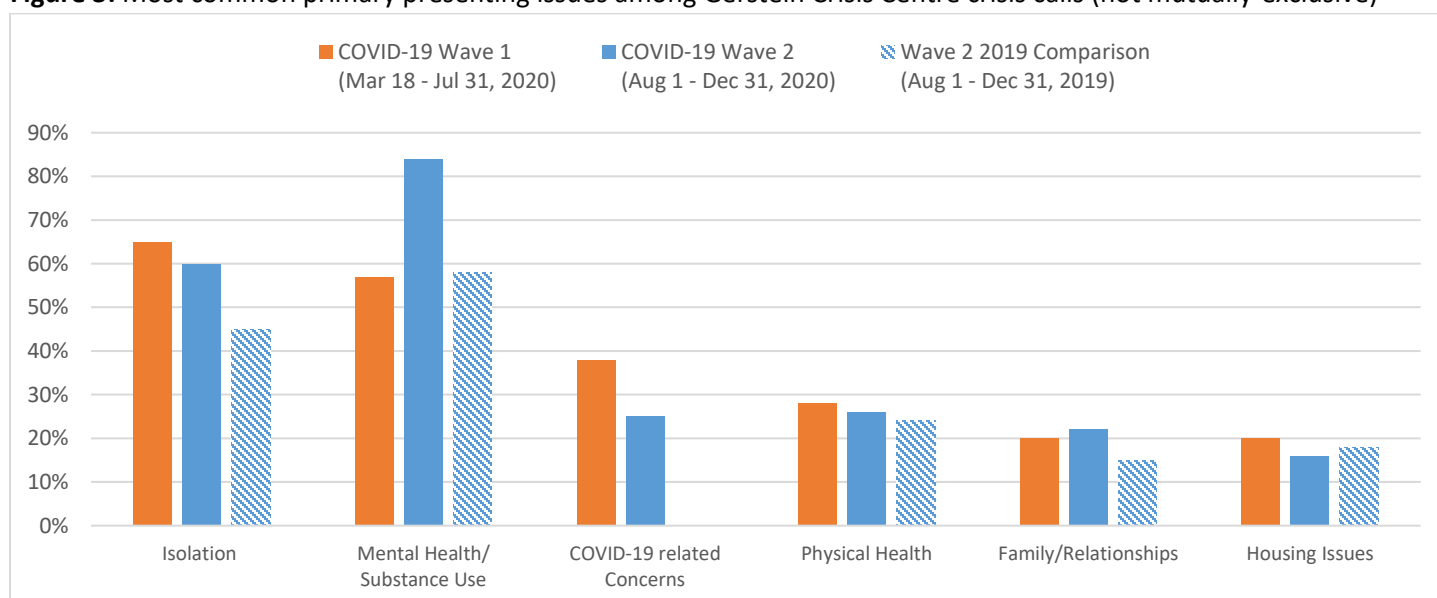
- **Local organizations:** There was slight increase in the volume of contacts made by Toronto residents to local organizations, including Progress Place, Gerstein Crisis Centre, and Distress Centres of Greater Toronto, who provide

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counselling, crisis interventions, and emotional support. These providers recorded increasing concerns around mental health, isolation and loneliness, physical health, and finances.

- **Progress Place:** There was a slight increase between Wave 1 and Wave 2 in the daily avg. number of contacts with Progress Place (53.6 to 59.7), driven by increased concerns (not mutually-exclusive) for mental health and addictions (22.8% to 30.1%), physical health (14.0% to 22.0%), relationships (10.7% to 18.1%), and finances (9.4% to 17.7%).
- **Distress Centres of Greater Toronto (DCGT):** Similarly, contacts with DCGT, Toronto sites, have also increased slightly (daily avg. 169.4 to 174.3), to levels comparable to 2019 (176.4 daily avg.). The most common areas of concern during the pandemic were isolation and loneliness (46.4%), financial/employment (23.3%), depression (18.0%), abuse/violence (17.1%) and anxiety (14.2%). Contacts for isolation and loneliness remained stable between Wave 1 and Wave 2 (47.3% and 46.4%), but were higher to the same time in 2019 (38.6%). Similarly, employment/financial concerns were higher than in 2019 (23% vs. 21%). By contrast, there was a slight decrease between Waves 1 and 2 in depression-related concerns (20.3% to 18.0%) and anxiety (16.1% to 14.2%).
- **Gerstein Crisis Centre:** There was also an increase in calls to Gerstein Crisis Centre (daily avg. 217.4 to 256.8) as the pandemic unfolded. Between Wave 1 and Wave 2 (**Figure 3**), there was a substantial increase in calls related to mental health and substance use (57% to 84%) and a slight increase in family/relationship issues (20% to 22%). There was a decrease in calls related to isolation (65% to 60%), the most common issue, and in calls related to COVID-19 (38% to 25%).

Figure 3: Most common primary presenting issues among Gerstein Crisis Centre crisis calls (not mutually-exclusive)



Children and families: COVID-19 has had both positive and negative impact on children and families.

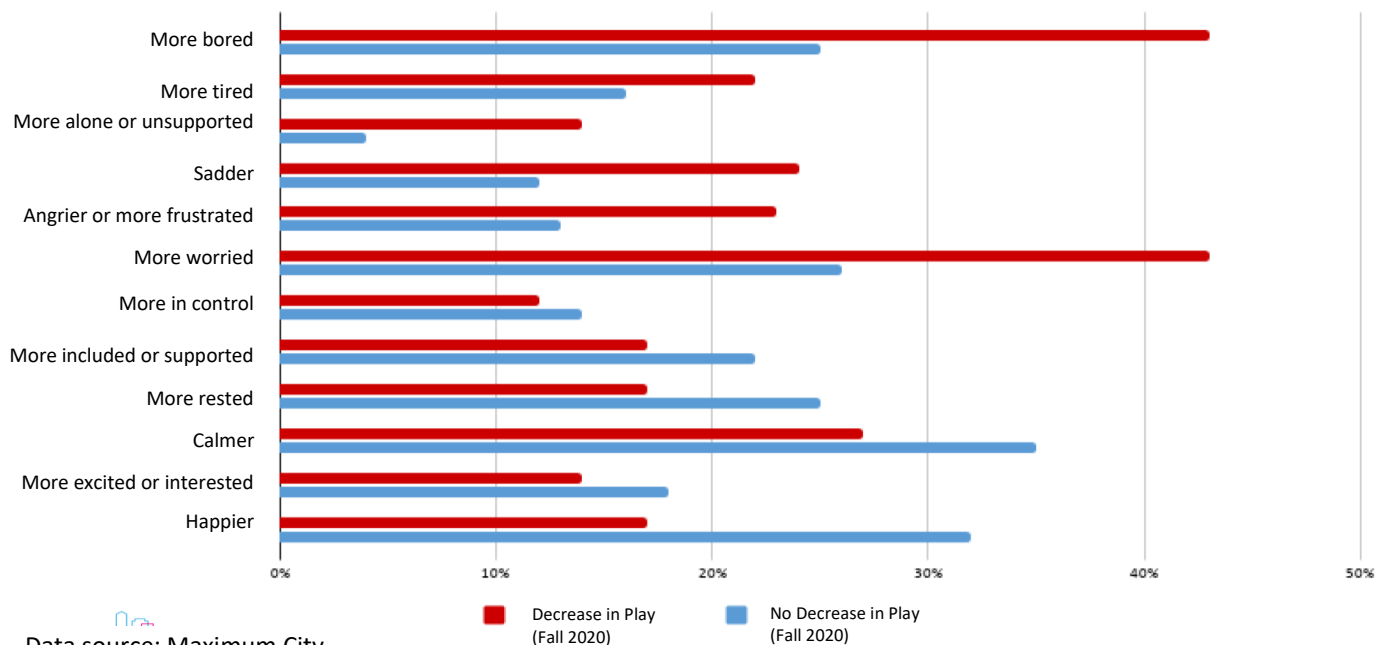
- **Kids and teens:** An updated survey conducted by Maximum City in fall 2020 included 361 pairs of Toronto Census Metropolitan Area kids/teens aged 9-16 and a parent/caregiver. Findings suggest that some groups, including those living in apartment buildings, lower-income households, and those participating in virtual/hybrid learning, appear to experience worse outcomes, including negative emotions (e.g., worry, sadness, loneliness). Similarly, those reporting a decrease in play during the pandemic also reported negative emotions (**Figure 4**). By contrast, better well-being was found to be associated with physical activity, spending time outside, in-person learning, having a pet, less screen time, and having a friend/sibling to talk to. Compared to the spring, kids and teens were more concerned about getting COVID-19 and falling behind at school because of the pandemic, and reported more feelings of worry

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and boredom. At the same time, subjective well-being improved, and kids and teens reported increases in calm and happiness, higher levels of empathy and a sense of social responsibility.

- **Family violence:** The number of Toronto women contacting the Assaulted Women's Helpline decreased slightly between Wave 1 (Mar-Jul) and Wave 2 (Aug-Dec) from 15,751 to 10,783 (or daily avg. 115.8 to 70.5), but was still higher than 2019 levels for Aug-Dec (7,887 of 51.5 daily avg.). The proportion of calls for psychological/emotional/verbal, physical, and sexual abuse have increased between Waves 1 and 2.

Figure 4: Difference in emotions between kids/teens who report a decrease in play vs. no decrease in play



Data Sources (in alphabetical order)

[211 Central](#) (211), [Assaulted Women's Helpline](#) (416-863-0511), [ConnexOntario](#) (1-866-531-2600), [Distress Centres of Greater Toronto](#) (416-408-4357), [Gerstein Crisis Centre](#) (416-929-5200), [KFL&A Public Health Informatics](#) [ACES data], [Maximum City](#), Office of the Chief Coroner of Ontario, [Progress Place](#) (416-323-0223).

We would like to acknowledge the individuals and the loss experienced by families, friends and communities that are represented in OCC data.

If you or someone you know may be experiencing signs of suicide risk, seek help as soon as possible. There is always help available. You are not alone (24/7 numbers on the left)



Conclusion

This summary updates data previous findings for Toronto³ and concludes that there continues to be evidence of impact of COVID-19 and associated public health measures on the mental health and well-being of Toronto residents during the second wave of the pandemic, particularly as evidenced in increased mental help-seeking from local service providers.

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. Zerbe KJ. Pandemic fatigue: Facing the body's inexorable demands in the time of Covid-19. *Journal of the American Psychoanalytic Association*. 2020 Jun;68(3):475-8.
3. Epidemiology and Data Analytics Unit, Toronto Public Health. Indirect Impact of COVID-19 and Associated Public Health Measures on the Mental Health and Well-Being of Toronto Residents. 2020 Nov. Available at: <https://www.toronto.ca/legdocs/mmis/2020/hl/bgrd/backgroundfile-159116.pdf>