



**The Canadian Response to the COVID-19 Pandemic  
Submission to the  
Senate Standing Committee on Social Affairs, Science and Technology  
Jun. 3, 2020**

## **Introduction**

The global COVID-19 pandemic has required governments to implement a variety of public health measures to address the risk of this virus to the general population and control its spread. These measures have resulted in mental distress among the general population (e.g., illness anxiety, social isolation, job loss and lifestyle disruption) and in essential workers (e.g., risk of disease exposure, increased burden of work).

These public health measures have also exacerbated existing and longstanding structural inequities in the health care system for people with mental illnesses. Notwithstanding recent commitments, mental health care in Canada has been systematically underfunded for decades while mental illness continues to cost the Canadian economy over \$50 billion a year (Lim, 2008).

There are 7.5 million Canadians who live with a mental health problem or illness (MHCC, 2017): twice the number of people in all age groups with heart disease or type-2 diabetes (Smetanin, 2011). Every day, an average of 11 Canadians die by suicide, which is the ninth-leading cause of death overall in Canada and second-leading cause of death among 15- to 24-year-olds (MHCC, 2018). More than 80 per cent of people who die by suicide were living with a mental illness or substance use disorder (MHCC, 2018). The highest rate of mental illness is among young adults (Smetanin, 2011), and early onset of illness only increases lifetime disability burden.

During the COVID-19 pandemic, ongoing issues such as bed shortages, scarce or non-existent community supports, and unstable, overcrowded, or otherwise inappropriate living situations have disproportionately affected the most vulnerable Canadians, including those with severe physical, mental, intellectual, cognitive, or sensory impairments. Other vulnerable groups such as Indigenous persons, inmates and forensic psychiatric populations, and women and children in abusive living situations have also been adversely affected.

These people are even more vulnerable during the pandemic due to challenges with physical, psychological, social or financial resources to appropriately respond to additional life stressors, and the lack of appropriate or consistent access to appropriate supports and services. Furthermore, concurrent diagnoses, particularly substance use disorders and physical health conditions, likely amplify this vulnerability.

The CPA recommends four priorities for Canada in addressing unmet mental health needs.

- 1. Evidence-based approaches such as Housing First to shift people from crisis and institutional services to appropriate housing options in the community that are flexible, available, affordable and titrated to the needs of individuals**

More than 500,000 Canadians living with a mental illness are inadequately housed, and among them, as many as 119,000 are homeless. The pandemic has exposed the problems of inappropriate or inadequate housing for vulnerable Canadians, especially the elderly, the mentally ill, and people who live in communal living situations or institutional settings such as inmates, forensic mental health service users and those with psychosocial disabilities.

The potential for a universal basic income to replace a patchwork of existing government housing programs should be explored.

## **2. More appropriately-resourced acute psychiatric beds**

Outside of Quebec and Nunavut, there are 7,242 designated mental health beds, yet the estimated daily mental-health-related bed occupancy is 8,302 (CIHI, 2019). Extended stays for people who no longer require the intensity of service or resources offered by inpatient care, but cannot be discharged, further impede access to hospital resources. COVID-19 infection-related prevention measures and treatment provision have further restricted access to beds, yet the need has not changed.

## **3. Community-based programs and support services such as Assertive Community Treatment and Intensive Case Management for those with mental illness to assist them to transition successfully from inpatient care, institutions, or homelessness to the community (IHE, 2014)**

Community-based services for people with psychosocial disabilities were already overstretched before the pandemic, and many have been closed or severely restricted due to COVID-19 though the need for these supports is unchanged.

## **4. Research into the efficacy of virtual care as a mode of intervention for people with psychosocial impairments. To optimize outcomes, attention must be paid to practical aspects related to provision of virtual care**

Virtual care is only a possibility for those who can afford telephones and Internet connections, or who can access these modalities. Many regions of Canada do not have reliable access to high-speed Internet, and people who are homeless or of low income often do not have phones, or must rely on public spaces for the Internet, which are currently closed due to COVID-19. Furthermore, the evidence base related to the efficacy of virtual care is not fully established for those with psychosocial impairments. To optimize outcomes, attention must be paid to the practical aspects related to the provision of virtual care, as well as research into the efficacy of this mode of intervention.

## **Conclusion**

While the COVID-19 pandemic has led to new mental health support initiatives and increased public awareness about the impact of psychosocial distress on mental health problems, it has also highlighted shortcomings within our mental health system, and has underlined the precarious situations in which disadvantaged Canadians exist in our society. The CPA urges the government to act immediately to remedy these issues.

## **About the CPA**

The Canadian Psychiatric Association (CPA) is the national voice of Canada's 4,800 psychiatrists and 900 residents, and is the leading authority on psychiatric matters in Canada.

Psychiatrists are medical doctors who provide psychiatric assessment, treatment and rehabilitation care to people with psychiatric disorders in order to prevent, reduce and eliminate the symptoms and subsequent disabilities resulting from mental illness or disorder. Psychiatrists provide direct care to patients and often act as consultants to other health professionals such as family doctors. They work in a range of settings including psychiatric and general hospitals, private offices, research units, community health centres, social agencies or in government. Psychiatrists use a mix of treatment options, including medications and psychotherapy, depending on the psychiatric condition. Often part of the treatment or rehabilitation plan will include referral to or collaboration with a range of social and support services.

As an evidence-based profession, CPA provides advice on the most effective programs, services and policies to achieve the best possible mental health care for Canadians and seeks to work collaboratively with governments and stakeholders to find solutions.

Founded in 1951, the CPA is dedicated to promoting an environment that fosters excellence in the provision of clinical care, education and research. For more information, visit [cpa-apc.org](http://cpa-apc.org).

## References

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