

COVID-19-19 Unintended Consequences (UniCon) Issue Report

Unintended Consequence: Community Mental Health Service Utilization

Situation:

Health Authorities have reported reduced service demands for community mental health services since the onset of the COVID-19 pandemic, specifically in terms of:

- utilization of emergency mental health services within hospital emergency departments and community urgent response services
- reductions in mental health walk-in clinics
- reduced referrals from family physicians for community mental health services
- overall less intake requests for mental health counselling and case management services

Health Authorities have reported that since June 2020 the situation is slowly going back to utilization rates prior to COVID-19 and due to the delayed mental health interventions, some clients are experiencing higher levels of mental illness acuity and increased levels of depression and anxiety disorders, resulting in increased demands for community mental health services.

Background:

- The reduction in community mental health services started since the onset of the COVID 19 pandemic, in March 2020.
- The FHA reported a reduction in emergency department mental health emergency visits by 16 percent in March, 25 % reduction in April and 2% reduction in May, See attached Excel sheet.
- Reductions are particularly noteworthy given that 47% of British Columbians surveyed by the BCCDC reported that their mental health had declined during the pandemic. Further, lack of access to care can exacerbate mental health issues and may lead to other unintended consequences (e.g., work/school issues, suicide, problematic substance use, violence, police involvement, involuntary admissions).
- Health Authorities reported that people with lived-experiences indicated that the reductions in services was not necessarily a direct result of Ministry measures or orders such as social distancing but due to client perception that community mental health services in hospitals and community mental health centres were high-risk areas for COVID-19 infections. After clients learned that most of the mental health services were provided virtually, including individual and group treatment services, the level of confidence increased to access these services
- All 95 Community Mental health Centres remained open in BC since the onset of the pandemic and most services were delivered virtually while home visits and outreach services were significantly reduced
- Some psychosocial rehabilitation programs such as mental health clubhouses and drop-in centres closed and these HA funded service linked clients virtually on a daily basis
- Crisis lines and on-line mental health services received an increase in the number of calls, health authorities reported that these services were not interrupted considering most programs includes trained volunteers and were able to manager the volume

- Bed-based community mental health residential care beds had a minimal impact, some facilities had to reduce capacity
- Assertive Community treatment and Intensive Case Management teams remained fully operational and continue to serve clients primarily in the community and client's homes having staff using PPE.
- Health Authorities reported an unexpected consequence which was the use of mental health secure rooms in designated mental health facilities which increased due to increased covid-19 risks and keeping staff and clients safe in the facility
- In terms of monitoring this issues, Health Authorities are reviewing their Mental Health data bases and are examining the impact of COVID-19 along the mental health continuum of care. See attached reports from FHA and VIHA.
- It is not clear what the COVID-19 impacts are to the MCFD community mental health services for children and youth and suggest a representative from MCFD is invited to undertake a similar analyses of their C&Y mental health services.
- In terms of research, work is underway at McMaster University - Health Forum Staff that answers question, "What pandemic-related mental health issues have emerged and what indicators and strategies can be used to monitor and address them, respectively see:

https://www.mcmasterforum.org/docs/default-source/covidend/rapid-evidence-profiles/covid-19-rep-13_mental-health_2020-06-10.pdf?sfvrsn=486c56d5_6

- Also, UBC-Department of Psychiatry (Dr Daniel Vigo) has requested funding from CIHR to conduct research on the impacts of COVID-19 on mental health clients and services

Assessment and Key Indicators:

- In terms of indicators, suggest the McMasters work is examined for appropriate mental health indicators for BC
- Areas of interest:
 - "what happened to the clients that choose not to access community mental health services due to COVID-19"? Is there an increase in the suicide rate, SU overdose, domestic violence, housing stability, levels of acuity, access to primary care?
 - What is the level of satisfaction with the change in delivery of community mental health services from face to face to virtual care? (this will be captured through the patient wellness survey in 9 priority MHSU service areas lead by Lena Cuthbertson with support from MMHA & MoH)
- Key indicators
 - # of community mental health Referrals including walk-in referrals (HA data)
 - Time between referrals and service provision (HA data)
 - Use of Hospital ED visits for emergency mental health services (HA data)
 - Change in patterns of Community MH service utilization (MHSU MRR)
 - Use of secure rooms (unfortunately no data available), but we could examine the DAD whether we saw an increase in involuntary admissions under the MH Act.
 - Suicide rate (data with coroner's office)
 - Housing stability (data with BC Housing)

Key Linkages

- There is a strong linkage with the work of MMHA regarding Substance Use overdoses and this work
- A possible linkage with UBC regarding their plan for undertaking research in this area
- Linkage with MoH primary care, MMHA, MCFD, Advanced Education, MSDPR, BC Housing and Corrections to get a more comprehensive view of the COVID-19 impacts on people with MHSU problems. Our branch has well established contacts and representatives with these Ministries and stakeholders

Equity Considerations:

Indigenous Populations:

To be determined

Actions Initiated or Planned to Address Unintended Consequence

To be determined

Considerations for Further Action:

To be determined

Commented [A1]: Things to consider: Gender, Those with pre-existing mental health and substance use challenges, Those without or with limited access to phone/internet services (e.g., low-income, rural/remote); Youth/Young Adults (18-29); Families with children

For: BC Chief Medical Health Officers

UniCon Contact (for questions): River Chandler, Project Director, Unintended Consequences Response

Created By: UniCon Working Group

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