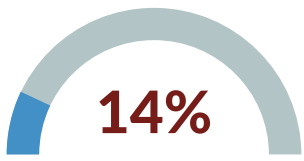


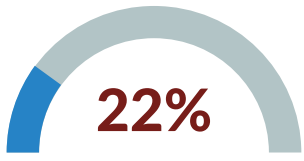
# COVID-19 Impacts on the Mental Health and Substance Use Health (MHSUH) Workforce in Canada

## THE IMPACTS OF COVID-19 PANDEMIC ON MHSUH of the population ARE SERIOUS AND LONG-LASTING

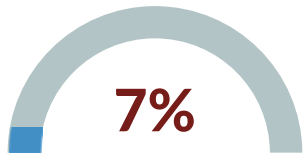
(Source [MHCC & CCSA](#) Oct 2020-Sept 2021 [Public Health Agency](#) September 2021)



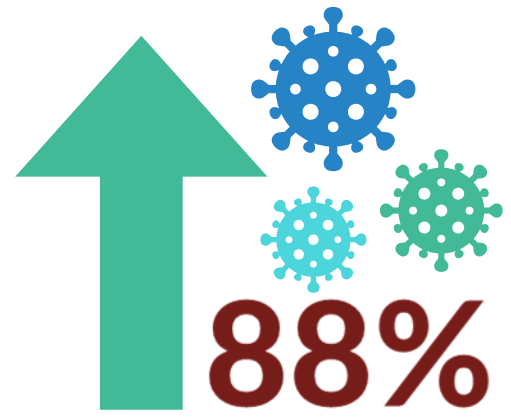
**1 in 7** Canadians report moderately severe/severe symptoms of depression [up from 2% pre-pandemic]



**1 in 5** Canadians who use alcohol report problematic use in the past month



**1 in 12** Canadians report seriously contemplating suicide in the past year [up from 3% in 2019]



Opioid toxicity deaths increased by 88% during the pandemic.

## THE MHSUH WORKFORCE is the backbone of the service system, BUT HAS BEEN WOEFULLY OVERLOOKED in research and policy.

Key gaps in literature on the MHSUH workforce capacity:



PRACTICE SETTINGS



SOURCES OF FINANCING



MENTAL HEALTH AND BURNOUT OF MHSUH WORKFORCE



So far, psychotherapists, counselling therapists, addiction counsellors, and peer support workers are not included in [CIHI's](#) health workforce data.

## FOUR KEY STUDY FINDINGS

### 1 INCREASE/DECREASE/NO CHANGE IN MHSUH WORKFORCE CAPACITY



BIGGEST DECREASE? Addiction counsellors (52%)



BIGGEST INCREASE? Regulated MH therapists (44%)

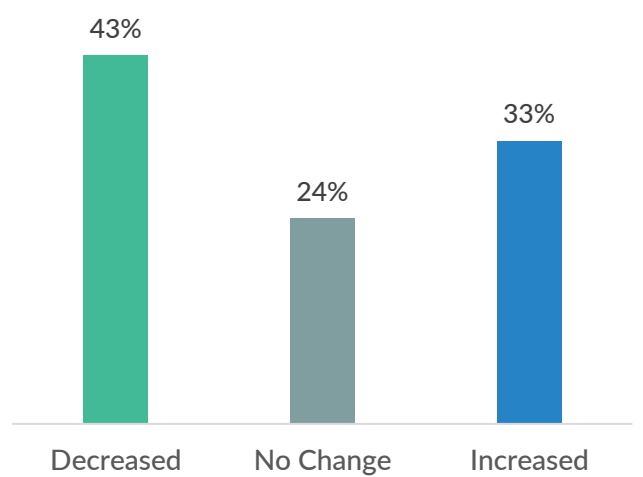
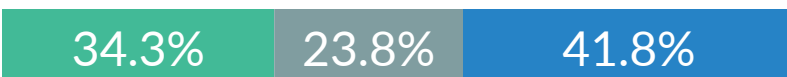


Figure 1. Availability or ability to provide services since the start of the pandemic

### Gender Differences



Decreased  
No Change  
Increased

## 2 TOP 3 REASONS FOR CHANGE IN CAPACITY

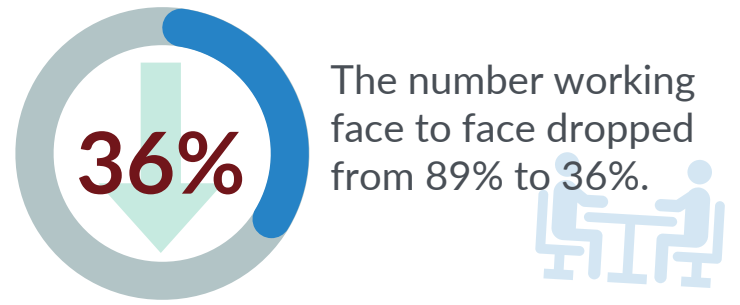
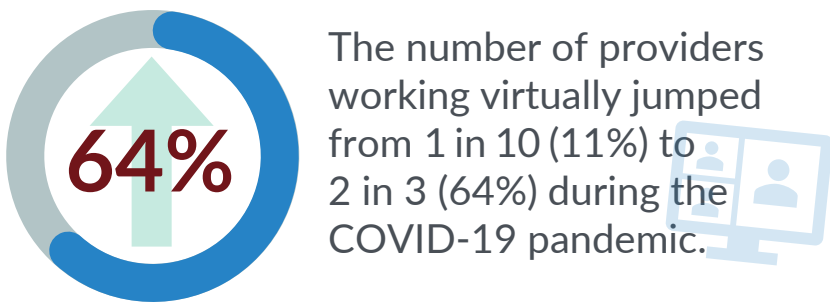
### Reason for Decrease

- Lockdown or social/physical distancing measures (31.8%)
- People lack access to or comfort with virtual care (26.2%)
- Additional COVID-19 protocols decrease service provision (20.2%)

### Reason for Increase

- Ability to provide more services through virtual care (22.9%)
- Ability to provide more services relevant to skills (e.g., grief, trauma) (13.4%)
- Decision to provide more services on a voluntary basis (8.8%)

## 3 SWITCH TO VIRTUAL SERVICE



## 4 INCREASED CAPACITY in the PRIVATE VS. PUBLIC SECTOR

Regulated MH therapists were **3.5x and 2x** more likely to report increased capacity than psychologists and nurses.

Respondents who **only receive private funding** were **3x** more likely to report increased capacity than those who only receive public funding.

“Both the public and private systems are patchworks. There will need to be some kind of reckoning between the two systems. Especially as we expect to see more mental health and substance use issues coming forward.”

## HIGHLIGHTS FROM THE POLICY DIALOGUE

A policy dialogue with 60+ participants, held on June 23, 2021, identified the following priorities for action:

- UNIVERSAL PUBLIC FUNDING
  - WELL-BEING AND BURNOUT
  - DATA GAPS
  - CULTURALLY APPROPRIATE CARE
  - ADVANCING REGULATION
  - PUBLIC/PRIVATE INTERFACE
- EQUITY**

“We need full funding for MH care across all the country. Fully funded preventive MH care is needed, including substance use health.”

“We need standardized workforce data to meet the needs of the population. You can't manage what you don't measure or compare across provinces, across provider groups, including demographic data which will contribute to culturally competent care.”

### CALL TO ACTION

A comprehensive MHSUH workforce plan is needed to respond to the MHSUH impacts of the pandemic.