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

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]

88% 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:

1. PRACTICE SETTINGS
2. SOURCES OF FINANCING
3. MENTAL HEALTH AND BURNOUT OF MHSUH WORKFORCE

The biggest decrease? Addiction counsellors (52%)

The biggest increase? Regulated MH therapists (44%)

Four Key Study Findings

INCREASE/DECREASE/NO CHANGE IN MHSUH WORKFORCE CAPACITY

So far, psychotherapists, counselling therapists, addiction counsellors, and peer support workers are not included in CIHI’s health workforce data.

Gender Differences

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<th></th>
<th>Decreased</th>
<th>No Change</th>
<th>Increased</th>
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<tbody>
<tr>
<td>Male</td>
<td>34.3%</td>
<td>23.8%</td>
<td>41.8%</td>
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<tr>
<td>Female</td>
<td>44.6%</td>
<td>24.6%</td>
<td>30.8%</td>
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Figure 1. Availability or ability to provide services since the start of the pandemic

Special Thanks to CIHR & Advisory Committee members

www.hhr-rhs.ca
mentalhealthcommission.ca
Respondents who only receive private funding were 3x more likely to report increased capacity than those who only receive public funding.

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

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.

The number of providers working virtually jumped from 1 in 10 (11%) to 2 in 3 (64%) during the COVID-19 pandemic.

The number working face to face dropped from 89% to 36%.

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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.

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

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**

**CALL TO ACTION**

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