COVID 19 and Mental Health: Bridging the Gap

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Introduction

The gaps in mental health service delivery have long been documented as evidenced in media reports, academic studies and statistics. An already stretched mental health system has been further overwhelmed by COVID-19. As Public Health introduced measures to restrict movement as part of efforts to reduce the spread of COVID-19, people are making significant changes to their daily routines. The new realities involve working from home, temporary unemployment, home-schooling of children, and lack of physical contact with other family members, friends and colleagues.

Nova Scotia had to not only deal with the current COVID-19 situation, but the province has also had to respond to other community crises (e.g., the Nova Scotia Massacre, Black Lives Matter Anti-Racism Protest). As a result of these events, there is a significant impact to the mental health services delivery framework. Consequently, there is an opportunity to develop a bridging strategy for the peer-to-peer support programs offered by local community mental health organizations.

The lead organization for this research is Healthy Minds Co-operative (HMC), a not-for-profit member-driven co-operative[1] located in Halifax, NS. HMC's service delivery model is based on First Voice trained personnel[2] to offer immediate online peer-peer support to bridge the gap while community members and employees wait for mental health professional appointments. HMC's primary role in this project was to recruit other organizations that provided mental health services in NS.

With funding from the Social Sciences and Humanities Research Council (SSHRC), our research aimed to develop a mental health crisis support framework with the participation of key stakeholders in the mental health field in Nova Scotia through focus groups and surveys to assess the nature of the demand for bridging services during peak times. The overarching policy issue is inadequate multilateral support for emergency mental health needs during a crisis. How do people in crisis find the right support both immediately and afterward? Where does the role of peer-to-peer support fit into the current mental health support matrix? What are the political, institutional, and legal barriers to more collaborative approaches to implementing bridging strategies to support mental health surges during crisis? The current period of COVID-19 has presented opportunities for regulatory restructuring that may permit the development of an effective bridging framework to reduce the wait time between initial calls and planned clinical support.

How the research was done

A total of 13 NS community organizations (listed in Table 2) participated in the research. Participants included CMHA, Wellness Navigator, Brotherhood Initiative (NSHA), and

[1] The Canadian co-operative sector is made up of over 8000 co-operatives in every region of Canada (Co-operatives Mutuals Canada). As values-based businesses there are seven guiding principles that govern all co-operatives. These include voluntary and open membership; democratic member control; members' economic participation; autonomy and independence; education, training and information; co-operation among co-operatives; and, concern for community (International Co-operative Alliance, 2020).

[2] First Voice refers to individuals who have lived experiences of mental health challenges (Gallant et al., 2019).

Tjaikamijk (Eskasoni Community Health Centre). Participants completed an online survey and participated in three focus groups conducted via Zoom over the span of 3 months. Nine open-ended questions were scripted to guide discussion throughout each focus group. Participants who were unable to attend a focus group were invited to an interview with one of the research team members where they were given the opportunity to provide input on the focus group questions. Two notetakers attended the focus groups to transcribe the conversations between participants and researchers. The next sections present the findings from the survey and focus groups.

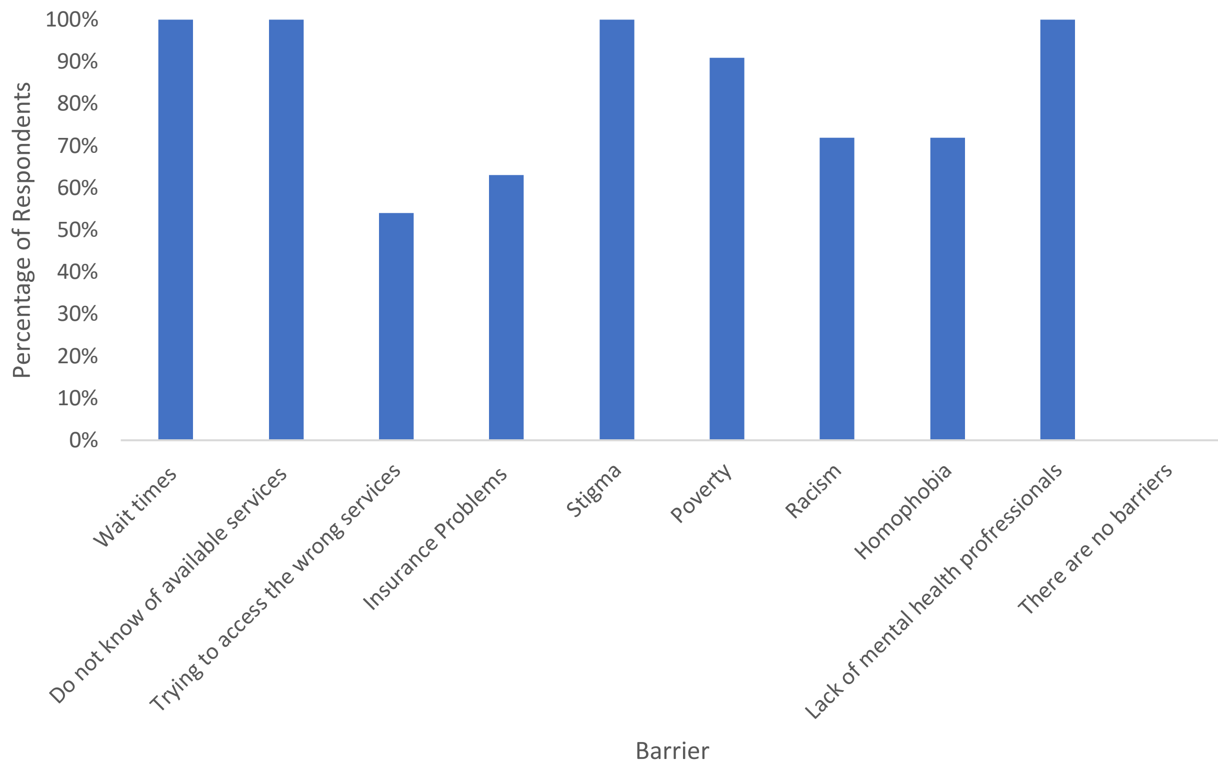
Survey Findings

Impacts of COVID 19. The survey indicated that 70% of respondents experienced a rise in clients as a result of COVID-19 and 100% of respondents indicated that COVID-19 has impacted the method of service delivery of their organization.

Wait times. All participants agreed that wait times are problematic in Nova Scotia. The programs that were deemed best suited to address wait times include wellness programs, peer support, non-clinical support, and navigation services. Participants expressed that inadequate staff/resources and clients re-entering the system due to unmet needs are the largest contributors to excess wait times. Additionally, to address wait times, participants suggested better utilization of community mental health organizations, increasing staff, aligning resources to match demand, and system realignment.

Perspectives on Current Mental Health Model. All participants indicated that people in the community could benefit from non-clinical services, programs, and interventions during crisis. Similarly, all participants indicated that there are groups unable to access adequate mental health services in Nova Scotia. When asked what the greatest barriers to accessing mental services are, participants indicated that wait times, clients not knowing available services, stigma, and lack of mental health professionals are the largest barriers. For a comprehensive breakdown of barriers to accessing mental health services, please see Figure 1.

Figure 1: ***Perceived Barriers Prohibiting Access to Mental Health Services***



Focus group findings

Researchers transcribed and familiarized themselves with the notes taken throughout the focus groups. Initial thematic patterns in the notes were discovered independently and then discussed as a research team to validate themes. Discrepancies were resolved via reviewing transcripts and six themes were collectively agreed upon. The themes identified are: (1) Individuals are provided little guidance in navigating the mental health system, (2) Collaboration is needed among those involved in the mental health system, (3) There is a significant distrust towards the mental health system, (4) Digital inequity severely impacts who is able to obtain mental health resource, (5) Cultural and language barriers are prominent in the mental health system, and (6) There is a need for more holistic mental health measures in organizations. Quotes characterizing identified themes are provided below. Participant names were removed from quotes to ensure confidentiality.

Theme 1: Individuals are provided little guidance in navigating the mental health system. Participants were asked questions regarding issues in the mental health system and navigating the system. Many participants suggested that clients are unaware of the resources available or do not know how to enter the system. Quotes from participants illustrate a general concern for individuals who are trying to enter the mental health system, but do not have the necessary guidance to do so.

> ***Moderator****: What is the main issue about wait times? Is wait times the actual*

issue, is it something else?
***Participant**: The perception from the youth that when they're on the wait list, they don't get any clarification of the help they need*

***Moderator**: What is missing from the process map showing mental health entry points?*
***Participant**: ... We need to look at frontloading services and encompass them in the beginning of their journey with supports, perhaps acuity doesn't get as bad, so they don't get to crisis stage.*
***Participant**: ...I feel like there is a lot of people who don't know that psychiatrist, social worker, psychologist – that there's other resources out there.*

***Moderator**: What do you think we already have here but are just not promoted well?*
***Participant**: By Google searching it, really didn't help me to find referrals to find community-based organizations*

Theme 2: Collaboration is needed among those involved in the mental health system. Participants agreed that more collaboration between community-led organizations is needed, along with collaboration between community-led organizations and other health departments (e.g., emergency department, police). Participants discussed how collaboration will lead to more knowledge sharing between stakeholders that will essentially improve the client experience and provide a more seamless move through the mental health system.

***Moderator**: What is going well from the mental health system and what's not?*
Participant *(response to what is not going well): What happens during crisis, and the gap between community led and clinician/emergency department*

***Moderator**: What is the main issue about wait times? Is wait times the actual issue, is it something else?*
***Participant**: Community can play a bigger role, there isn't communication with the clinicians about that at all*

Additionally, there was a general consensus that collaboration is difficult between community-led organizations because of fear that the government would provide combined funding to the organizations and retract their individual funding.

***Moderator**: What is the role of community-led organizations in addressing the gaps?*
***Participant**: Problem with their funders; if they collaborate too much, they're afraid they won't get funding*

By receiving combined funding, the organizations individual history of grant awards and allocation of funding is jeopardized. As such, new ways of awarding merit as a group of organizations should be reconsidered.

Theme 3: There is a large distrust towards the mental health system. Participants indicated that many of the problems or obstacles individuals may face while navigating the mental health system results in client distrust of service providers/individuals involved in the mental health system. Issues regarding discrimination and fear of the system were acknowledged in conversation. The following quotes pinpoint some of the issues clients face that result in distrust.

> ***Moderator****: What is the main issue about wait times? Is wait times the actual issue, is it something else?*
> ***Participant****: Police officers are not trained to deal with individuals having a mental health crisis; but the only way an individual is seen sometimes is when someone else files a charge*

> ***Moderator****: How do you think people navigate the mental health system? Are there any problems?*
> ***Participant****: Calling the hotline and getting a voicemail*

> ***Moderator****: Do you see any barriers in the mental health system?*
> ***Participant****: One of the things is there's a lot of mistrust in the formal system of the capabilities of community-based clinicians.*

Theme 4: Digital inequity largely impacts who can obtain mental health resources. Digital inequity (i.e., the differences in ability to access digital resources due to several factors) was emphasized throughout focus group discussions. Participants noted that certain groups of individuals (e.g., those living in rural communities, the elderly, and individuals living in poverty) are unable to access digital resources. COVID-19 has exacerbated this issue through closures of public places where digital resources are offered. Participants noted this as a key barrier to accessing mental health resources that have been offered virtually during COVID-19. The following quotes highlight the consensus that digital resources have large impacts on the mental health system.

> ***Moderator****: Does access to Wi-Fi impact ability to access mental health resources?*
> ***Participant****: Libraries are closed; a lot of people used to use free Wi-Fi service*
> ***Participant****: Rural community; very limited access to reliable internet*
> ***Participant****: Even though programming is free; everything is online*

> ***Moderator****: Who cannot access digital resources for mental health services?*
> ***Participant****: All the people who can't access due to digital equity are the people who we would hope could access. We are spending copious amounts of money providing a service to middle to upper class individuals who could access services at the hospitals. So, funneling all the resources into something that won't meet the needs of the people who need it the most.*

Theme 5: Cultural and language barriers are prominent in the mental health system. Many discussions arose throughout the focus groups that pinpointed cultural and language barriers in the mental health system. Specifically, many clients are unable to articulate their challenges to practitioners which prevents them from getting referrals to mental health resources. Additionally, many mental health resources and navigation services do not provide services in Mi'kmaq, despite it being a prominent language in Nova Scotia.

> ***Moderator****: What are the entry points? How do you think people navigate the system?*
> ***Participant****: A lot of clients don't know how to articulate their experience to set things in motion*
>
> ***Moderator****: What still needs to be done?*
> ***Participant****: We would engage language line to support that individual. I have never seen anyone who only speaks Mi'kmaq*
> ***Participant****: We need to actually mean something when we do this language assessment. There are 3 languages in NS: English, French, Mi'kmaq. If we really mean what we say about truth and reconciliation, we need to acknowledge the language is just as important as the land.*

Further, when considering developing centres that individuals can access to receive mental health support, discussion arose about who will access these centres. Diversity, cultural-awareness, and representation in the mental health system is needed to ensure that all individuals feel comfortable accessing these services.

> ***Moderator****: *Proposes warming centres [where individuals can access multiple supports such as doctors, mental health professionals, volunteers, social workers]*
> ***Participant****: We have different cultures, religions… How are we going to work with that culture? Meaning, a group that is going to be diverse.*

Individuals who are unable to access services digitally would benefit from accessing warming centres. However, the warming centres will need to reflect the diversity and culture of their clients.

Theme 6: There is a need for more holistic mental health measures in organizations. Participants noted that although they measure their organizations' success statistics yearly, more holistic measures are needed. The concept of how success is defined and measured in an organization is not agreed upon, leading to a lack of knowledge of what needs to change. The following quotes highlight the need to re-evaluate success and what to measure in community-led organizations.

> ***Moderator****: What is not being measured that needs to be measured?*
> ***Participant****: Unfortunately, sometimes when we get phone calls it's people looking for resources and we refer them. It's disheartening because we know how fractured the system is, but sometimes we know that the places we refer them to*

won't meet their needs. I always tell them to call back if they need additional services. Oftentimes, we don't get a call back. It would be interesting if they would, so we know if they followed through and what their experience was.
Participant*: One of the things we talked about and is probably very doable, during this process was hard to collect data from community-based organizations because we collect various data that's only for report funding. If we could identify a few things that all of us could agree to collect over the next 6-12 months and if meeting periodically, we could bring that data.*

Proposed Framework: Bridging the Gap

Based on survey and focus groups, the researchers have developed a proposed framework to enable and guide increased collaboration and coordination among service providers to better serve clients. The three components of the framework are: warming centres, holistic success measures, and a mental health process map.

Warming centres. The need for collaboration among mental health professionals is evident. Additionally, the need to provide accessible resources to individuals who are interested in entering the mental health system, or have been previously spit out of the system, is crucial. As such, we suggest "warming centres" which refer to institutions that individuals can access in order to get immediate assistance from mental health personnel. Warming centres can be integrated in pre-existing institutions, such as collaborative care centres located in urban and rural areas throughout the province and be available 24/7. Additionally, these centres should be available throughout the province and should be accessible to those who live in rural communities. The concept of a warming centre is a place where individuals can access doctors, mental health professionals, volunteers, social workers, etc. The centres should provide access to technology, which can be used to combat digital inequity. These centres should be available for both those who are experiencing mental health symptoms and their support systems.

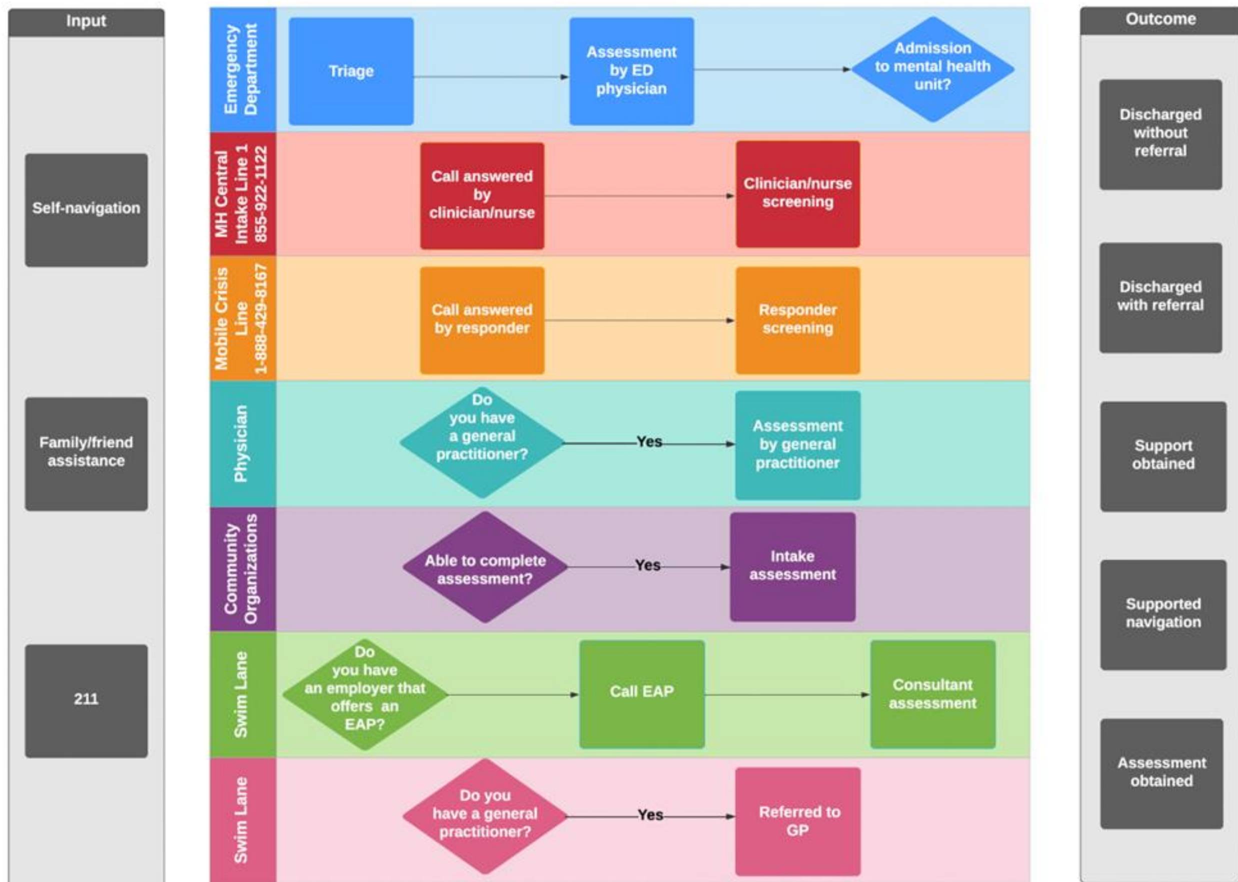
Previous research suggests that collaborative practice teams result in shorter wait times and less frustration and confusion about where to go next (NS Primary Healthcare, 2020). Additionally, having 24/7 access to mental health professions will reduce the number of individuals who access the emergency department or criminal justice system due to mental health crises (Stefan, 2006). Although in-person warming centres are a new concept, previous research on warm lines (i.e., phone lines that connect callers to mental health personnel) suggests that these tools reduce the use of crisis services and feelings of isolation, which fill an important void in the lives of individuals living with mental illnesses (Dalgin et al., 2011).

Key performance indicators. Second, collecting key performance indicators (KPIs) for community groups delivering mental health and wellness services is suggested. To monitor and evaluate the outcomes for this project, it is beneficial to identify 5-6 indicators that are critical in evaluating services delivered by community organizations participating in this project. These indicators and metrics need to be feasible to gather and reflective of the diversity of the

stakeholders. The indicators and metrics can be developed using the promising guidelines of countries with strong mental health systems (e.g., Australia).

Mental health process map. More tools are needed to navigate the mental health system and make sense of the resources offered. As such, a key deliverable of this project is the development of a mental health entry point process map (please see Figure 2). The map is a visual representation of the process an individual can follow to navigate the mental health system, and the outcomes that they might receive. The navigation resource should be made available to the public, along with physicians and other healthcare professionals, who may not be aware of all the resources available. As such, the map will provide greater transparency of the mental health systems and the possible outcomes, leading to less confusion and less disappointment.

Figure 2: ***Mental Health Entry Point Process Map***



As illustrated in the process map (Figure 2), there are several outcomes associated with interacting with the health care mental support systems.

Table 1: Outcomes

Outcome	Description
Discharged without referral	Back to start, no matter what lane you come in on, if you leave without referral or contact list of other supports, you are back to the start
Discharged with referral	Golden ticket? Only if it is the right referral with a timely response with follow up plan
Support obtained	Was support provided in timely manner with a long-term plan or was crisis defused and the individual then left to figure out what to do next?
Navigation	• Can be very helpful, especially for family/care support persons to help the individual through the maze. • If you have no supports/family, it is more difficult to make the contacts personally when not well. • If you look for navigation through the formal system, it is difficult to get a contact as a self referral, whereas it is easier to make contacts in the community-based MH services. • Navigation is excellent in the exploration phase of your mental health experience, but as an immediate crisis response not as helpful.
Assessment obtained	Excellent, if delivered in a timely manner with a plan to follow up and with ongoing support.

Discussion and Analysis

As illustrated in the process map, there are a myriad of mental health resources available in the community. However, for a client and their supporter (friends/family), it can be very challenging to find out about all of the available services and which service might be best suited to their needs. According to the findings from this study, participants believed that many in the hospital/clinical setting such as emergency departments and family doctors are unaware of the wide range of community resources available. In fact, by availing themselves of community mental health resources, some clients may receive a sufficient level of help, thereby no longer needing the services of a psychiatrist or psychologist, which could lead to reduced wait times for services and assessments

Clearly, mental health support is never a 'one and done' service, since clients wait for a long period of time to get an appointment or assessment, where they are often advised that they have some issues or even a diagnosis. However, there is then typically a long wait time for the patient to find out the treatment plan. All the possible outcomes for service need a long-term plan with timely connections to have any successful outcomes.

The mental health system should be viewed as a more comprehensive model comprised of community mental health groups as well as the clinical mental health providers (family physicians, hospital emergency staff, psychiatrists, and psychologists). To achieve a community-clinical model of service delivery, a substantial change is needed to how government views the provision of mental health care. Two critical areas requiring changes are:

(1) government needs to educate all those involved in the clinical setting about the wide array of community health mental health services; and

(2) the government funding model needs to foster collaboration among community groups rather than support the current silo approach whereby groups compete for government funds.

To achieve meaningful change in the provision of mental health services, the current silo approach of the community-based organizations needs to change. While each community group provides essential and valuable services to clients, the overall outcomes would benefit from more inter-community group collaboration. This research found that while all participants were aware of each other's organizations, they did not have a deep understanding of their respective services. By implementing a community collaboration approach, each organization could retain their own identity and provide more benefit to clients in need of mental health assistance. For example, with increased awareness of their respective areas of expertise, the various community groups could refer clients to those organizations which would best meet their needs.

The research also found that while a few of the participants collected data on their operations, most did not document statistics on outcomes. It is essential, particularly when lobbying government, for the various community groups to collect basic data on number of clients, number of clients referred to/from the health care system, number referred from other organizations, returning clients, clients unable to obtain services in the hospital/clinical setting, wait times and client/patient satisfaction. This information is critical in gaining a better understanding of the sometimes-arduous journey so many people have to take through the mental health system before they are able to get the help they need. Such data would also be beneficial in ensuring the community groups are providing the best level of help needed by their clients.

Next Steps

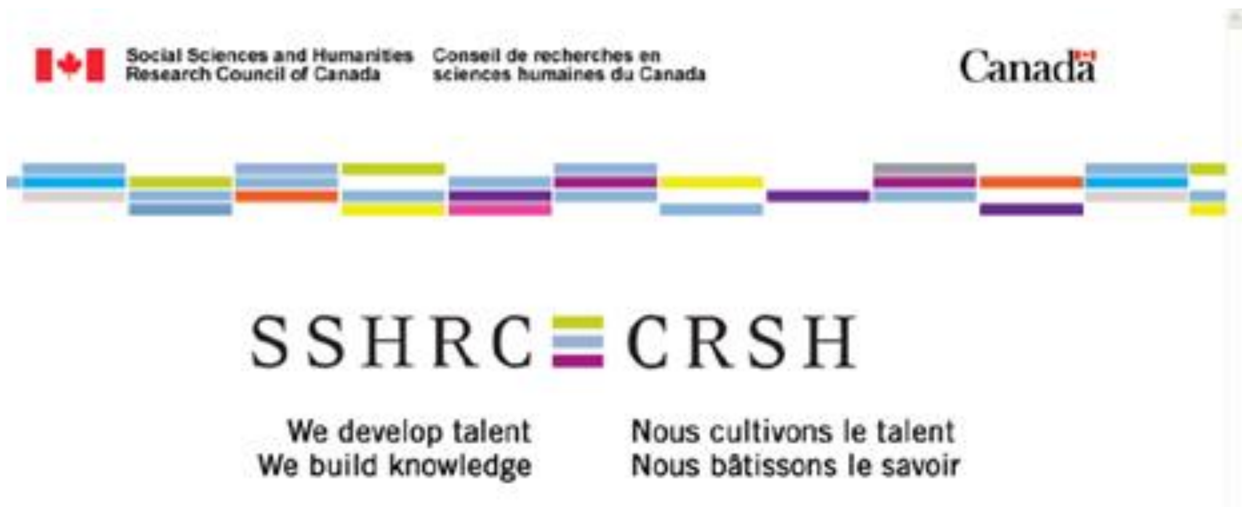
Meet with Nova Scotia Government: Researchers along with representatives of the participating organizations plan to meet with Nova Scotia health care policy decision makers to present the findings of this research project. In particular, the research group would like to raise awareness of the gap in provision of timely and effective delivery of mental health support in the community as reflected in the process map.

Continue with collaboration among community groups. Collaboration could be formalized through the creation of a not-for-profit co-operative "Community Mental Health Co-operative (CMHC)". Each community mental health organization would become members of CMHC and would each have one vote thereby ensuring that all members have an equal voice. Forming a co-operative organization to advocate to government on behalf of all community mental health organizations would result in a more powerful voice with government.

Table 2: List of Participating Organizations

Organization
Tajikeimik Mi'kmaw Health Authority
Laing House, E.D.
Healthy Minds Coop
Eastern Shore Mental Health NSHA
Wellness Navigator, Brotherhood Initiative (NSHA)
Schizophrenia Society
Eskasoni Mental Health Services
211
Wellness Coordinator HMC
Saint Mary's University Counselling Centre
Mental Health First Aid Trainer, Advocate and certified peer support specialist
CMHA Halifax

Special thanks to our funding Grant Agency



Research Team

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Dr. Daphne Rixon is an Associate Professor of Accounting, Saint Mary's University and is also the Executive Director of the Centre of Excellence in Accounting and Reporting for Co-operatives (CEARC). She has a PhD from the University of Warwick, United Kingdom and is a Chartered Professional Accountant (CPA) and Certified Management Accountant (CMA). She is Editor-in-Chief of the International Journal of Co-operative Accounting and Management. Dr. Rixon has over 100 peer-reviewed publications and conference presentations. Her research has resulted in several awards including the 2018 Emerald Literati award for "A dramaturgical accounting of cooperative performance indicators", co-authored with Dr. Larry Corrigan. In addition to examining the impact of Covid-19 on mental health, she is currently leading a project to develop indicators for co-operatives that reflect the United Nations Sustainable Develop Goals.

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Heidi Weigand, Ph.D., is an assistant professor at Dalhousie University in Halifax, Nova Scotia, with a research interest in leadership development, systemic discrimination, burnout and resiliency. Broadly, her research has focused on how people, organizations, and communities navigate difficult change and move towards a state of thriving. She uses a two-eyed seeing collaborative approach in her research collaborations to dismantle systemic discrimination and nurture a strengths-based approach to foster hope and resiliency with Indigenous, Black, and African-Nova Scotian communities. Her current research includes: exploring the role of connection and cultural resiliency to address the burnout epidemic during COVID-19; the role of community mental health organizations in reducing wait times for Mental Health support in Nova Scotia; and the role of Indigenous and African Nova Scotian youth in developing community economic prosperity.

Student Research Team

Diana Serban, Doctoral Student, Industrial/Organizational Psychology

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Diana Serban is a MSc student and admitted PhD student in Industrial/Organizational Psychology at Saint Mary's University in Halifax, Nova Scotia. Diana holds an Honours BSc in Psychology, Neuroscience, & Behaviour from McMaster University. Her research interests lie in the realm of occupational health & safety, with a special focus on leadership, employee well-being, mental health in the workplace, and safety. The goal of her research is to better understand the factors that contribute to healthy workplaces. Diana's current research includes: development of a collaborative peer-led bridging framework for Mental Health support in Nova Scotia; examining the impact of safety leadership on employee health and safety outcomes; development and validation of employee pulse surveys; development of an organizational culture-actualization index; exploring the role of virtual leadership in employee stress perception; and antecedents & outcomes of employee engagement.

Jessica Hepworth, Graduate, School of Social Work

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Jessica Hepworth, B.S.W., is a Mi'kmaw social worker with a keen interest in mental health, systemic discrimination, gendered violence and how the social determinants of health exacerbate these. Her current research includes: how community mental health organizations can play a role in reducing mental health wait times in Nova Scotia, and family violence in Canada and the role of the Justice system.