



After Immunity: Understanding the Post-COVID-19 World¹

Episode Four: Mental Health After Immunity

Interview with Dr. Mary Bartram

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Ian T. D. Thomson [IT]: To begin our conversation on mental health in the post-COVID-19 world is Dr. Mary Bartram, Director of Mental Health and Substance Use at the Mental Health Commission of Canada. Dr. Bartram has led mental health and substance use policy development and implementation with federal and territorial governments, indigenous organizations and NGOs. She completed her PhD in Public Policy at Carleton University, where she teaches courses in public policy and administration. Additionally, her research has focused on a range of issues including equity in access to psychotherapy, harm reduction in post-secondary settings, and recovery in the mental health and substance use sectors. Dr. Bartram, thank you for joining us.

Dr. Mary Bartram [MB]: Pleased to be here, Ian.

¹ After Immunity is a UMF 101.5 limited series broadcasted out of the University of Manitoba. For more info on the series visit: <https://umfm.com/series/after-immunity>
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IT: I guess before we begin talking about the post-COVID-19 world, can you provide the listeners with just a general outline of the goals of the Commission and what sort of services and supports it provides?

MB: Absolutely. So the Mental Health Commission of Canada has been around since 2007 and we really focus on supporting the mental health of Canadians by doing things like developing tools and programs, but also sharing tools and programs that are developed by some of the partners that we work closely with across the country.

IT: I think that's a helpful place just to kind of say where the Commission is in the mental health space. So obviously, mental health isn't just a new phenomenon that we're going through in the pandemic. There were issues and challenges that the Commission and advocates were kind of aware of in the space before the pandemic. I was wondering if you might be able to paint a picture a little bit about that pre-pandemic situation: what were some of the key areas that the Commission was aiming to address in terms of mental health advocacy and support, pre-pandemic?

MB: Absolutely. So even before the pandemic, mental health was a big concern, one of the big issues that faced the health and well-being of the population. So we knew that one in five people have a mental health problem or illness in any given year and over a lifetime, half of us will experience some sort of mental health problem or illness. You know, the cost to the economy is also really big, over 50 billion dollars a year. You know, it's a pretty big deal in terms of a policy priority for Canadians. And some of the areas that the Commission was working on, and continues to work on through the pandemic, were improving access to mental health services and not just access, but the quality of services

that people have access to. Suicide prevention is a big focus for the Mental Health Commission. Stigma, a huge [issue], I'm sure your listeners will relate to that as well. And then also the interface, the integration, the connection between mental health and substance use is a big interest of the Mental Health Commission. And we work closely with our sister organization, the Canadian Center on Substance Use and Addiction, to really try to advance that.

IT: So it really sounds like there were a number of aspects in mental health that were still quite prominent. And again, it's interesting to hear some of those frames. Obviously, (and predominantly) mental health is about the individual's well-being, but it also has a lot of ramifications across society as a whole.

So obviously, this series as a whole, it's focusing on that post-COVID-19 world. And in terms of mental health, it's been one of those main topics of discussion; the role that the pandemic has played in exacerbating mental health issues. People have felt lonelier, people have been turning to problematic coping mechanisms, excessive alcohol use. While we may become immune to the virus, we won't forget this period and the difficulties and the challenges we've all individually and collectively faced. In your view, what sort of long-term mental health effects do you anticipate will manifest with Canadians because of this period?

MB: Absolutely. So one of the first things we did, almost a year ago now when the first kind of lockdown was announced in mid-March, was to really take stock of what we know from the research on the impacts of previous pandemics [and] natural disasters. What could we be in for? And what we found at that time was that the mental health impacts of something sort of similar to this COVID-19 pandemic are generally delayed. So there's this

kind of delay that happens that people kind of pull together at first and kind of cope okay at first, but then maybe later is when the mental health impacts really start to take root. Long-lasting, that this can kind of keep going for a while, that people don't necessarily bounce back right away. And complex, that there's lots of complexities when you add in grief, job loss, just the length of something like this.

So on the other hand, we have this incredible capacity for resilience, and it's unclear from where we sit now. And we can see some of the increases in what people are saying, that they're not feeling well, that they're not sleeping well, that they're having some of these symptoms. How much of this will resolve naturally for folks once they get on the other side of being vaccinated, for example, how much relief will that bring? Well, we don't know yet what that might do for people, and we don't want to lose sight of that as a possibility as well. So we haven't seen anything quite like this pandemic in a long, long time, really ever in the current society that we live in. So we can learn a little bit from what's happened before, but we're still learning week by week what this is actually going to be like. So it's hard to predict the future.

IT: Yeah, that's true. And that's why we're having these discussions and seeing what can we say and what can't we say about this, and what are we still rather uncertain about. Now you mentioned a few aspects there, but I really just want to dig a little bit deeper into some of the potential symptoms that people might be undergoing in this period and how they might manifest. You mentioned people having disrupted sleep. What might be some of the other ways in which mental health issues might be amplified in the long run? Things like anxiety, substance misuse, things along that nature.

MB: Well, again, it's hard to know what's going to stick and what won't. Certainly what we're seeing now is elevated rates of symptoms of depression, anxiety, suicidal thoughts as well. And what that really breaks down to is that there are more people saying that they don't feel cheerful, that they aren't sleeping well, that they are worried about the future. So it doesn't necessarily mean that that person has a clinical depression or is clinically diagnosed as having an anxiety disorder. But people are reporting more of those kinds of symptoms at a more severe level than before the pandemic in ways that are quite significant across the board. When you add grief and loss into the mix and a lot of the disruptions that people have been experiencing, I think there's potential for trauma to be something that lingers for folks. And then again, we're seeing, as you mentioned, people who use alcohol or who use cannabis using more and sometimes at levels that are considered problematic or risky. Will that stop once people start to feel a bit of relief from the direct stressors of being worried about, say, getting infected or having a parent or family member come down with COVID-19? Probably some of it will. But some of it may also be hard for people to break that habit once they've kind of fallen into it. So, yeah, we can definitely, I think, envision that for some people they'll bounce back, and others may struggle a bit more to do so over the longer term.

IT: Yeah...in the sense of potentially how much of the habit has formed at that point and how hard it might be to break out. When we're talking about these long-term trajectories of mental health and the effects of the pandemic, where are those different factors? Are they going to be different by the age, the gender, the geography? On that mental health scale, has the pandemic impacted different groups in different ways?

MB: Well, absolutely. I mean, everyone can see how the direct impacts of the pandemic have hit hardest for particular population groups, whether it's people who are low income,

people who are in front line essential service jobs, who, by and large, tend to be more likely to be racialized and to be lower income. There's a lot of women in that mix as well, think of all the people working in Long-Term Care Homes as PSWs. So the mental health impacts of the pandemic, both because of the rates of infection being higher amongst some groups, but also the indirect impacts of things like economic insecurity or disruptions in services, or getting evicted, like all of these things. Some of those really tough stressors have hit lower income folks at a higher rate, so big differences there. In terms of age, certainly youth are reporting more concerns than seniors, say, or middle aged people. That was true before the pandemic as well, we could see that in some of the data coming out of, for example, post-secondary institutions, pretty alarming rates of symptoms of anxiety and depression. So it's unclear to me whether the pandemic is making that worse or just kind of confirming that there are a lot of young people saying that they're having issues with their mental health. It's also unclear to me whether that's just that younger people are more comfortable talking about how they're feeling, so I think that that's something important to keep in mind as well.

IT: That's interesting in terms of, as you said, the frame and the comfort in willing to speak about mental health. However, you mentioned something in terms of post-secondary education and I really want to talk about that. This show obviously airs out of the University of Manitoba. A recent survey at the U of M Students' Union found that, pursuant to what you're talking about, 60 percent of members were experiencing a decline in their mental well-being caused by the pandemic. This is a topic that you yourself have looked at. What can we say about those long-term effects of the pandemic on those students attending university, as well as those that might be young professionals just beginning their career? What are the unique mental health needs with that aspect of the population?

MB: Absolutely. Well, as someone who has university aged kids and also teaches at Carleton University here in Ottawa, this is something that's very a home issue for me. I may be biased in that regard to want to emphasize the capacity for resilience among young people. Like that once things have normalized a little bit, my belief is that people will pick up and rebuild the path of life that they were on before the pandemic hit. Of course, this is going to have some longer term fallout for folks. I mean, just even things like, you know, not having been able to be in class in person. Yes, maybe some longer term impacts around not having such a strong network, who knows? There will be some of those sorts of things, I don't want to sugar coat those, but I do think that younger folks have resilience on their side as well. And so I think that'll take people a long way in regaining some of the well-being that's been lost with the pandemic.

At the same time, there are some unique factors that affect people in post-secondary in particular. In some ways, some of them have been relieved a little bit by the pandemic. So going to university can be kind of risky when you go in person because there can be a lot of partying, for example. Unfortunately, there's also a lot of sexual violence in post-secondary settings. And just managing the course load, the coursework, can be quite stressful for people as they're going through their degrees. So some of those things are probably a little bit less risky right now because people can't congregate in quite the same way. But the managing [of] the stress of being a student, I think is very much still a tough challenge for people and doing it online, not getting out of your room to go to class, and [not having the] benefit from just socializing a little bit, I think it's quite isolating for people. So I do feel for students who are faced with that reality right now.

IT: Mm hmm. And in terms of the university setting and the supports that universities might be able to provide during this time, obviously the degree of the mental health support

varies from institution and institution, but do you think we're going to see changes at universities in how students' mental health is supported in that post-COVID-19 world?

MB: Well, I think that was happening before the pandemic, we were seeing more and more universities stepping up and expanding the services that they had, developing new and different approaches. So my sense is that the pandemic will just make that even more of a priority for universities. And the other thing that I'll just mention is that in the middle of the pandemic, the Mental Health Commission completed work with the Canadian Standards Association on a new post-secondary standard for mental health. And I think that also will give some focus and a boost to the efforts of universities and colleges to do more in this area and provide more supports and services for students, and to take a look at what they can do differently to make the experience safer and less stressful as well.

IT: That's interesting just to hear that this was happening before the pandemic and perhaps maybe the pandemic has sped up those changes occurring. I want to talk about one aspect you brought it up: the online format. This is a big thing, and something that we've seen throughout the pandemic is that switch to an online format and moving online for therapy sessions and for mental health services. And this is something that the Commission was involved with back in April, where the Commission launched three, free online crisis training programs designed for essential workers to "care for yourself", "care for your team", and "care for others". I was wondering if you might be able to speak to that program and the online crisis training. Was it successful? Will we be seeing more online health training programs in the future?

MB: Well, absolutely. It was certainly very much in demand; we couldn't offer the training quickly enough to meet the demand. A couple of times we had to shut down the

registration because there were so many people keen and interested in getting that training. Since then, the Commission has kind of taken stock of where we go from here. Of course, online training is still pretty much what we can offer in most parts of the country. I see, as we go forward, whether it's training or therapy we're just hopefully going to have more choice, more options, more ability to get the best of both worlds rather than having to choose between one and the other.

I mean, certainly when you do training in person, you get the benefit of sitting across the table from people, bonding in a different way than you can when you're online. But the convenience of being able to access training online without having to travel, it's cheaper for everybody and yet still has good outcomes in terms of giving people skills and knowledge that they wouldn't have had if they hadn't experienced the training. So to me, it comes down to what I hope will be more choice. And I think the same is true for therapy as it is for training, that if we can make the most of the pivot to online services, that's happened so that people can have more choice going forward rather than less. That would be that would be a win, I think.

IT: That's really interesting, again, that aspect of having the choice to choose between the two. Because what I've heard (and I'd very much like your perspective on this) is kind of the pros and cons to the current model that we're being thrust upon with, the online format. And an interesting piece of information I found when looking at this subject, again, came out of the University of Manitoba, where in their student counselling services there has been an increase in some of their group based mental health services, but actually in some cases a decline in terms of individual one-on-one services. I'd be curious to know, as someone who works in this space why do you think this is? What are the negatives of online therapy and why it might not be the be all end all?

MB: I mean, I do think online services can be very effective. And again, it does come down to can we take advantage of what we're learning about what we can do online to give more choice to people? From the research I've looked at from before the pandemic, people prefer face to face services, generally. Whatever age or gender, most people on average prefer face to face counselling. However, not everybody does and some people wouldn't go unless they could do it online, which is more convenient or might feel more private, more confidential. So I think if we can create more choice for people, that would be the ideal scenario. Of course, there's limited resources to go around as well so we have to keep that in mind. And currently there's only so much in-person counselling that we can do, whether it's group or individual, depending on where you live and what kind of public health provisions are in place in that jurisdiction. But my hope is that as we get through some of those most strict public health measures, that more choice will be possible rather than less.

IT: And that we might potentially see a move back to what we saw before, those one-on-one therapy or training programs?

MB: Well, I think you've kind of mixed two things together, whether it's online or in-person and whether it's individual or group. Again, I think choice in both are important. Some things are handled quite effectively in a group format, and yet individual counselling can also be really important. So, I would hope that as the counselling services at U. of Manitoba come through the pandemic, that they'll be able to offer more choice for students as well going forward.

IT: Dr. Bartram, this has been a very important conversation, very timely, I think just given what's going on with the current pandemic. And you can't deny that what is currently happening in real time with all of this, with how people might not necessarily be coping with it properly. We're nearing the end of the interview, but I'd really like if you'd be able to maybe talk to some of the services that the Commission offers that perhaps the listeners should know about if they are kind of going through a bit of a tough period right now.

MB: Absolutely. Well, there's a lot of resources on the Mental Health Commission's website, even more than normal. We've been developing a whole array of tip sheets and really practical hands on kind of advice for Canadians during the pandemic. So I'd encourage people to go to www.MentalHealthCommission.ca and look around. I do think that there are a lot of resources there. The other thing I can point people to is something that the federal government runs that they just started up during the pandemic. It's called the Wellness Together Canada portal, and it has a whole bunch of resources as well, everything from, you know, online tutorials in how to manage stress and anxiety to actually getting connected with a live counsellor online or by phone with pretty quick turnaround and free. So that's another really important resource for listeners to take a look at.

IT: That's terrific. Yeah, because obviously we're talking about the future, but you can't ignore what's currently happening. Dr. Bartram, this has been a very great conversation and we really appreciate your time. I guess just in some closing remarks here, what advice or information could you provide Canadians who may be just feeling uncertain about that post-COVID-19 world and what the future might hold?

MB: Absolutely. I mean, it's been an unprecedented time, to quote... I think the prime minister is the one who's been called for using that word a lot. But it's true, right? This has

been a year like no other and we're not out of the woods yet. So I think it is a tough time and I think it's important to name that. There are a lot of things about what's happening right now that do take a toll on our mental health and well-being. [It's] really important to reach out for help. There's more services and supports right now than normal, even if it's just reaching out to a friend, but there are also more formal mental health services available. Like the one I mentioned at the Wellness Together Canada portal, in Manitoba I'm sure as well, and lots of information at the Mental Health Commission and other mental health organizations. So reaching out is really important. No shame at all. Like, we all need to support each other through this.

And then, you know, just taking some comfort in how resilient people are as a species, right? Like we've gotten through difficult times before and people do have a tremendous capacity to bounce back from adversity with time. And then the last thing I just say is we need to really be mindful of how much the impacts of the pandemic are felt differently by different population groups. Those equity issues are huge and, you know, it's university students who are going to hold people's feet to the fire or certainly be right in the front of that, in the vanguard of raising those equity issues. And we really need young people to be doing that loudly and with conviction to help make sure that we don't lose sight of those issues and just go back to the way things were before.

IT: I think that's a very insightful way to end off this conversation. Again, we're really grateful for your thoughts and perspective on what might be the post-COVID-19 world. Thank you again.

MB: You're welcome.