

Benefits

CANADA

Mental health firmly in the spotlight due to impacts of coronavirus, says report

Jennifer Paterson | August 7, 2020



Canada could experience a 2.6-fold increase in visits to mental-health practitioners and up to a 20 per cent increase in antidepressant prescriptions due to the impacts of the coronavirus pandemic, according to a new report by Deloitte.

The report explored the human and social impact of natural disasters and periods of economic hardship — such as the 2016 Fort McMurray, Alta. wildfires and the 1990 and 2008 recessions — and how these events have contributed to people’s mental health once the public-health and economic crises have subsided. In addition to several other social and economic factors, these past events led to increased incidences of mental-health issues. Indeed, stress from the pandemic’s lockdown combined with long-

term unemployment are likely to cause heightened levels of mental-health distress among Canadian employees.

Read: [What is the role of benefits programs in supporting Fort McMurray victims?](#)

The Canadian and wider global economies are in the midst of the worst recession since the Great Depression, the report said, with the collapse in economic output and spike in unemployment swifter than ever before. Indeed, in both the 1990/91 and 2008/09 recessions, it took more than a decade for the long-term unemployment levels ratio to return to its pre-recession levels.

During recessions, some employers will lay off some, or even all, of their workforce, while others will cancel or postpone hiring decisions. Examples of both have been prominent during the coronavirus pandemic. “As a result, unemployed workers in between jobs can experience much longer unemployment spells, along with financial hardship, increased stress levels and even skills atrophy. Long-term unemployment has received a lot of attention in the literature for its ability to negatively affect a variety of human well-being indicators,” said the report.

In Spain, for example, during the 2008/09 financial crisis, long-term unemployment (12 to 23 months) increased the probability of self-reporting poor health outcomes, from 45 per cent to 67 per cent. And very long-term unemployment (24 to 48 months) increased this probability further, from 78 per cent to 132 per cent when compared to employed individuals.

The report also found women are at a greater risk than men. In the current economic downturn, 68 per cent of jobs lost were held by women, compared to only 18 per cent during the 2008 recession. As well, prior to the coronavirus pandemic, women — and especially single-parents — were among those at the greatest risk of being economically vulnerable with single moms exhibiting the highest incidence of low income at 17 per cent.

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Tying back into mental health, Canadian women are more likely to self-report mental-health conditions than men, yet are less likely to report that their mental-health needs are fully met.

As well, while most victims of the Fort McMurray wildfires remained covered by their employer-provided mental-health services, this may not be the case during coronavirus, said the report, citing the extent of job losses and furloughs. “This may prevent some Canadians from accessing the services they need. In other words, while our analysis shows just as many Canadians may need access to mental-health services, not all of them may be able to afford these services if they lose their [workplace] health insurance.”

Deloitte recommended that governments act as key intermediaries by facilitating the connection between mental-health practitioners and patients via internet, helplines or apps. For employers, it suggested they seize the opportunity to review the mix of employee benefits they offer, considering how to better accommodate employees during this stressful period.

“It may also be an opportunity to expand the breadth of mindfulness programs offered to employees in their benefits package, recognizing that benefits above and beyond mental-health professional services help,” said the report. “Other opportunities for flexible support options may also arise. Providing low-to-no-cost academic tutors, online recreative or relaxation sessions and other services to employees’ children . . . may prove useful in removing part of the stress faced by parents from balancing work and family obligations concurrently on a daily basis, over an extended period of time.”

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For the insurance industry, the report suggested insurers review processes to more efficiently accommodate a larger number of transactions — for example, by extending direct reimbursement to mental-health service providers and to consider streamlining costs and operations to face a larger than expected volume of claims for mental-health services.

Joan Weir, director of health and disability policy at the Canadian Life and Health Insurance Association, says the provision of mental-health benefits has changed over the last few years in recognition that mental health is an increasingly important component to both employers and plan members. “These changes will only continue to accelerate given the pandemic,” she adds.

For example, many employers have increased the maximum coverages on their benefits plans and are recognizing a wider array of regulated providers for the delivery of mental-health services, such as psychotherapists and counsellors.

Many insurers have adopted online cognitive behavioural therapy programs, says Weir, and many now have voluntary personalized prescribing programs in place for those on disability for mental-health issues, allowing plan members to be prescribed the most appropriate drug that will work for them.

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“Most insurers have provider submit claim portals that encourage mental-health professionals, such as psychologists, to submit directly and receive reimbursement directly from the provider,” she notes. “Providers need to sign up for them. We are seeing the volume of electronic mental-health claims growing.”

During the pandemic, the reimbursement of telehealth claims was expanded to all mental-health providers, adds Weir, noting this is likely to be a lasting change. “We have had discussions on scopes of practice and the delivery of telehealth

services. This varies from provider type to provider type, so we continue to collect this information as it becomes available.”

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