COVID-19 and Mental Health Outcomes—*Great equalizer it is not: E*vidence from an equity analysis of repeated cross-sectional survey data from Saskatchewan, Canada

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KEY FINDINGS

- During the period of data collection (August 2020, February 2021, and June 2021), one respondent in five had severe anxiety and one in seven had severe depression.
- During Alpha-driven pandemic wave (early February 2021), about 26% reported severe anxiety and about 19% reported severe depression.
- In June 2021, about 12% of respondents reported needing-but not accessing-mental health support.
- Of the three cycles, the highest percentage of respondents reported they needed mental health support and received it (24%) in February 2021.
- Younger age, low household income, immigrants with lower education were a few of the factors associated with moderate/severe depression.

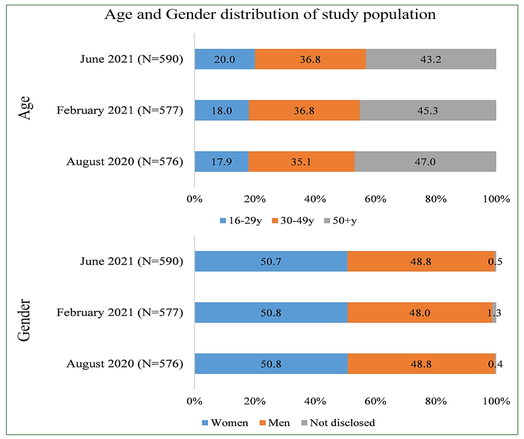
OBJECTIVES

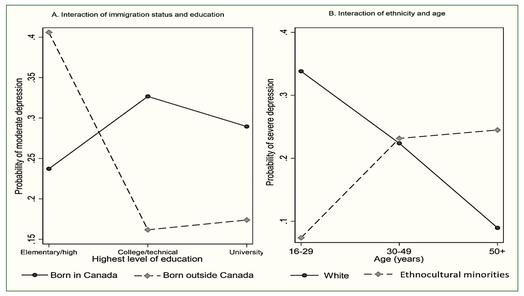
- To understand the impact of COVID-19 on mental health status (depression and anxiety) and utilization of mental health support and services.
- To articulate a policy agenda aimed at correcting the shortcomings of mental health services in Saskatchewan.

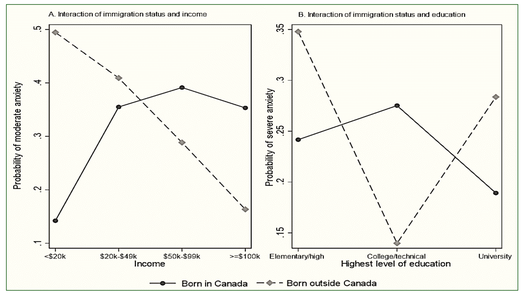
MATERIALS AND METHODS

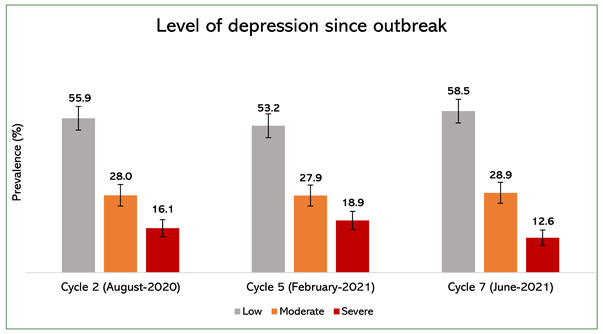
- **Data source:** Mental Health Research Canada's population-based national surveys.
- **Data collection time:** Cycle-2 (August 21-31, 2020), Cycle-5 (February 1-8, 2021), and Cycle-7 (June 7-13, 2021).
- **Study population:** Saskatchewan residents aged 18 years and over
- **Outcome of interest:** Severity of depression, and anxiety [mild/none, moderate, severe], Utilization of mental health treatment services [not needed and did not access, needed and received, needed but no access].
- **Equity identifiers:** Immigrant status, ethnocultural minority, Indigenous (only in cycle 7), physical disability
- **Covariates:** age, gender, location, household composition, parent status, employment status, education, and household income.
- **Data analysis:** Multinominal logistic regression models were fitted, and Relative Risk Ratios with 95% CI were reported applying sampling weights provided in the data set.

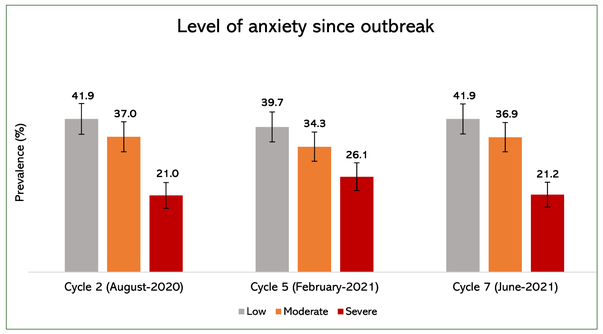
RESULTS

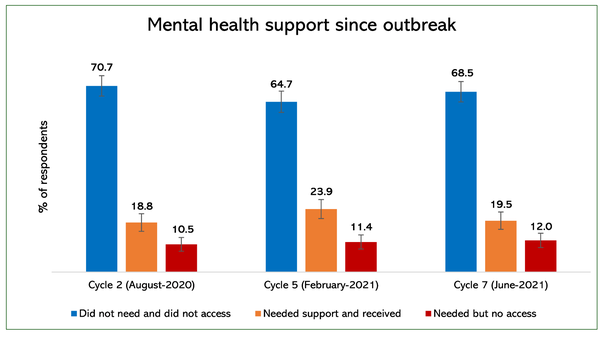












Association of socio-demographic characteristics with different level of depression, anxiety, and treatment seeking behavior

		Moderate depression	Severe depression	Moderate anxiety	Severe anxiety	Needed & received	Needed but no access
Age	16-29y vs. 50+y	3.69	4.38			6.02	
	30-49y vs. 50+y	3.79	6.79	2.67	3.47	4.21	
Gender	Women vs. Men			1.73	2.31		
Employment	Retired/Student vs. Employed		0.38				
Household composition	Live alone vs. Live with others					2.25	
Income	<$20K vs. ≥$100K		7.09			3.57	2.48
	$20K-$49K vs. ≥$100K	3.2	9.82		3.81	2.75	
	$50K-$99K vs. ≥$100K		3.31				
Education	Elementary/high vs. University			0.47			
Immigration status	Born outside Canada vs. Born inside Canada						0.14

Risk factor
Protective factor

*Only significant (p<0.05) results are reported

CONCLUSION

- About 45% respondents reported any form of depression– and about 60% reported any form of anxiety symptoms during the study timeline.
- There are residents who experienced mental health symptoms (anxiety and/or depression) and could not access care.
- Equity seeking groups experienced their mental health differently than others during the pandemic, and prevalence of depression and anxiety symptoms were higher among these groups.

POLICY DIALOGUE (World Café)

- There is a need to keep breaking down silos inside government (e.g., between departments) and between the government, health system, and communities.
- We need to recognize there were some innovative partnerships that arose during the pandemic to overcome some of the barriers and challenges, and these need to be sustained and nurtured (and replicated, where appropriate) post-pandemic.
- The pandemic emphasized and underscored the need for 'flexibility' and 'innovation' to be key elements of any service redesign/reform to ensure the right service in the right place for the right people at the right time.

RECOMMENDATIONS

- Stakeholders need to target marginalized populations identified in this paper with age-, and gender- targeted and culturally responsive interventions.
- Continuous economic interventions during this pandemic is also recommended to reduce the negative impacts of mental health on equity seeking groups.

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ACKNOWLEDGEMENT

Recherche en santé mentale Canada
Mental Health Research Canada