

Knowledge Synthesis: COVID-19 in Mental Health and Substance Use

Instructions:

The *Operating Grant: Knowledge Synthesis: COVID-19 in Mental Health and Substance Use* was designed to enable the development of rapid and timely knowledge syntheses and related knowledge mobilization plans to address evidence gaps and build the evidence base as part of the mental health and substance use response to COVID-19.

As outlined in the decision letters sent to successful applicants, this template is being provided in order to facilitate the rapid sharing of results with relevant *knowledge users*. Information recorded in this report may be made available to policy makers, healthcare and service providers, partners, and the general public, and will be used to populate a website and inform a variety of CIHR knowledge mobilization products. Responses should be written in plain language, respecting word limits where indicated.

Email completed report to COVID19MH-COVID19SM@cihr-irsc.gc.ca by **June 22, 2020**.

Synthesis Title: An evidence synthesis service to support Ontario's Mental Health and Addictions Centre of Excellence

This evidence synthesis service produced seven products:

1. Rapid evidence profile: **What pandemic-related mental health and addictions issues have emerged and what indicators and strategies can be used to monitor and address them, respectively?**
2. Rapid evidence profile: **What frameworks from available evidence and experiences in other countries can inform what needs to be done to plan for future waves of COVID-19?**
3. Rapid evidence profile: **Where and with what impacts have shifts from in-person to virtual approaches occurred in the delivery of healthcare services in general and mental health and addictions services in particular?**
4. Rapid evidence synthesis: **Assessing the effectiveness of virtual care for adults with mental health and/or addictions issues**
5. Rapid evidence profile: **What is the impact of the pandemic on substance use (particularly, alcohol and opioid use) in the population, and what policy decisions have been adopted that affect the availability and use of substances, as well as services for people who use substances?** (link not yet available)
6. Rapid evidence synthesis: **Understanding educator and student mental health and addictions needs during the COVID-19 pandemic and existing approaches that address them** (link not yet available)
7. Rapid evidence profile: Synthesis round up: **What pandemic-related mental health and substance use evidence syntheses have been produced or been planned thus far and what do they tell us?** (end-of-grant product, in-process)

Nominated Principal Investigator (name and affiliation):

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Target/priority population(s) in synthesis:

Across the seven products, we addressed:

- People experiencing a mental health and/or substance use concern during the COVID-19 pandemic (four products)
- Educators and students (one product)
- General population (two products)

What is the issue?

Policymakers in Ontario identified a need for rapid evidence synthesis to support decision-making related to COVID-19. Within the mental health sector, the province's new Mental Health and Addictions Centre of Excellence (CoE) convened a Mental Health COVID-19 Response Table (Response Table) to coordinate provincial efforts in this area. This synthesis service was built on a partnership between the CoE and the McMaster Health Forum, which is a hub for supporting evidence-informed policymaking. Topics were identified through ongoing engagement with health system partners to address pressing evidence needs.

The following topics were prioritized by involved partners, and addressed in evidence synthesis products:

- 1) Mental health and addictions issues that have emerged during the pandemic, indicators that could be used to monitor emergent issues, and interventions that are effective at addressing those issues
- 2) Health system preparation for subsequent waves of COVID-19 infections

- 3) The extent and effects of the shift to virtual care during the pandemic
- 4) Virtual care for mental health and addictions concerns, focusing on services provided by clinicians and group- and peer-based interventions (and excluding self-help and guided self-help interventions)
- 5) Mental health of educators and students during school reopenings
- 6) The impact of the pandemic on substance use (particularly, alcohol and opioid use) in the population, and what policy decisions have been adopted that affect the availability and use of substances, as well as services for people who use substances
- 7) A round-up of evidence syntheses related to mental health and addictions that have been produced during the pandemic

Key messages (max 100 words):

- We produced seven distinct evidence products addressing pressing evidence needs identified by health system partners
- We used a robust, rapid process to deliver these products within three to ten days
- In addition to surfacing evidence around mental health needs, interventions, and health system frameworks or approaches, we also identified gaps in the literature that represent important areas for further study

How was the synthesis conducted?

For rapid evidence profiles and syntheses focusing on evidence specific to the pandemic, syntheses were conducted by searching [the guide to key COVID-19 evidence sources](#). We searched for guidelines that were developed using a robust process (e.g., GRADE), full systematic reviews (or review-derived products such as overviews of systematic reviews), rapid reviews, protocols for systematic reviews, and titles/questions for systematic reviews or rapid reviews. Single studies were only included if no relevant systematic reviews were identified. We appraised the methodological quality of full systematic reviews and rapid reviews using AMSTAR. We also identified experiences from select other countries and from Canadian provinces and territories by searching jurisdiction-specific websites (e.g., government ministries and webpages dedicated to COVID-19).

For the rapid evidence synthesis relating to the effectiveness of virtual mental health care, we identified research evidence (systematic reviews and primary studies) by searching [Health Systems Evidence](#) and drawing relevant reviews from a previous rapid synthesis on virtual care in primary care. We appraised the methodological quality of full systematic reviews and rapid reviews using AMSTAR.

For the final evidence profile we identified existing and planned syntheses from the list of COVID-19 related evidence sources that related to screening for and managing emergent mental health and substance use issues. We identified whether the syntheses were 'living' (continually updated) or non-living and appraised the methodological quality of full systematic reviews and rapid reviews using AMSTAR. We extracted key findings from each and then summarized them.

What did the synthesis find? Provide a lay summary of the outcomes (max 300 words):

The key findings of each product are highlighted below:

1. It is clear that the health, economic, and social system responses to the pandemic have affected the mental health of citizens, but less evidence is available on the indicators that can be used and strategies to respond to emergent needs. [\[Link\]](#)
2. Specific recommendations were found for addressing subsequent waves in surgical care and long-term care, settings along with recommendations for monitoring and managing transmission to support second-wave planning across sectors, populations, and conditions. However, a scan of Canadian and international jurisdictions found few frameworks developed specifically to guide managing subsequent waves. [\[Link\]](#)
3. Virtual care was found to be feasible and acceptable during the pandemic, but less evidence was found pertaining to effectiveness. There was also scant evidence specific to virtual mental health care during the pandemic. [\[Link\]](#)
4. Virtually-delivered psychotherapy has generally been found to be as effective as face-to-face treatment for mood, anxiety, and post-traumatic stress disorders. Group-based, clinician-led virtual care is also feasible and effective. Digital interventions that include peer-to-peer networks as a component may be effective, but the contribution of peer support to the outcomes of multicomponent interventions is unclear. [\[Link\]](#)
5. A small but growing evidence base points to increases in the frequency of substance use during the COVID-19 pandemic, as well as challenges related to sudden substance withdrawals (due to decisions related to lockdowns and closures) and opioid overdoses. However, these impacts are mixed and not all segments of the population are experiencing such increases. The evidence also points to changes in access to legal and illicit substances during the pandemic, with decreases in availability and increases in price. [\[Link not yet available\]](#)
6. Little evidence was available relating to educator mental health needs and interventions to support those needs in school-settings. School-aged children and youth report worsening mental health during the pandemic. Most jurisdictions included in the scan had plans and policies in place to address the mental health needs of students during the pandemic. [\[Link not yet available\]](#)
7. The synthesis round-up is currently underway and no findings are available at the time of report submission

What are the implications of this synthesis?

- Across products, we found that the pandemic is likely to affect the mental health of the general public, as well as specific groups including people with pre-existing mental health concerns, educators and students.
- Evidence exists to support some health system responses, including the shift to virtual clinician-led care.
- Further research is needed to address issues including:
 - Frameworks to guide health systems through subsequent waves of COVID-19;
 - the feasibility, acceptability, and effectiveness of virtual clinician-led mental health care during the pandemic specifically;
 - the feasibility, acceptability, and effectiveness of virtual peer support;
 - the mental health needs of educators and students during school reopenings, and the interventions that can address these needs
- While research gaps are inevitable given the emergent nature of the pandemic, decision-makers can draw on multiple forms of knowledge to address pressing mental health issues.

List up to 10 keywords specific to this synthesis to facilitate website search filters and sorting:

(e.g. depression, virtual care, autism, opioids, racism, chronic pain, sleep, etc.)

- Mental health
- Substance use
- Health system
- Frameworks
- Indicators
- Second wave
- Virtual care
- Educator
- Student