

# KEY MESSAGES: Mental health and substance use impacts of COVID-19

## GENERAL POPULATION



### EPIDEMICS AND PANDEMICS IMPACT SUICIDE, AND SUICIDAL BEHAVIOUR AND THOUGHTS

There are several factors that should be closely monitored: Disconnection, social isolation and loneliness; real or perceived barriers to health care (including mental health care); pre-existing mental illness, substance use problems and/or suicidal ideation (including marginalized groups); individuals in vulnerable roles and those with high levels of exposure to the illness; and exposure to widespread negative media coverage.



### PUBLIC HEALTH EMERGENCIES MAY ALSO IMPACT SUICIDE RATES IN HIGH-RISK POPULATIONS OR PROFESSIONAL GROUPS

These include: Older adults, people who are or become unemployed or under-employed, people with pre-existing mental health and/or substance use problems, and frontline health and social care staff.

There is an urgent need for more research on suicide in the context of the COVID-19 pandemic, in order to inform suicide prevention policies and clinical practice.



### IT IS IMPORTANT TO ENSURE EQUITY IN DIGITAL MENTAL HEALTH CARE

Some groups are at higher risk of negative mental health outcomes and also lack access to care in their own language, or that is appropriate for their culture. Many groups are at-risk due to persistent socioeconomic inequalities, including poverty, stigma and discrimination.

People with lived and living experience (PWLE) should be included in consultations to plan for mental health care.

It is essential that mental health care, including digital/virtual care, is accessible. This includes ensuring that care is offered in multiple languages, through various platforms (e.g. video, text messaging, landlines), and in various formats (e.g. not just written text, large font, etc.).

Learn more at <https://cihr-irsc.gc.ca/e/52001.html>