

OPINION EDITORIAL

Post-COVID-19: The Revival of Ontario

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INTRODUCTION

COVID-19 has exacerbated systemic public health issues that existed in Canada prior to the pandemic. The urgent crises of mental health, geriatric care, and household food insecurity do not exist in isolation as they are deeply intertwined within the healthcare system. This paper explores the burdens experienced by Ontario during the first year of the COVID-19 pandemic, to illustrate how transformative policies must be implemented to improve the health and future for Ontarians.

MENTAL HEALTH

Mental health has been an ongoing public health issue for many decades. In Ontario, the burden of mental illness is greater than “1.5 times that of all cancers, and greater than seven times that of all infectious diseases” [1]. Ontarians living with mental illness have experienced both the impact of psychological disorders, and the lack of healthcare targeted towards mental health prevention and treatment. COVID-19 has intensified the consequences of mental illness experienced by Ontarians due to social distancing, quarantine, lockdown restrictions, economic recession, and coping with bereavement [2]. A survey concluded that seven out of 10 Ontarians believe that a severe mental health crisis will result from the pandemic [3]. High uncertainty around COVID-19 has drastically increased the prevalence of depression, anxiety, post-traumatic stress disorder (PTSD), alcohol and substance abuse, and sleep disorders [4]. The Ontario government has recognized the increased prevalence of individuals struggling with their mental health and has allocated \$147 million towards the provincial mental health and

addictions system [5].

Recommendations

Ontarians have seen many health services transform through the use of online platforms within weeks as a response to COVID-19. A virtually integrated province-wide health system that offers professional mental health services would overcome many physical and geographical barriers. The online platform would also help reduce mental health stigma and fears of in-person clinical interactions. Therefore, new policies should extend the existing coverage of the Ontario Health Insurance Plan (OHIP) to include in-person and virtual sessions with mental health professionals. In considering this recommendation, the first step is the formal integration of psychologists, other registered mental health providers, and the technology sector [6]. Current policies direct individuals with mental health concerns to the primary care system. This ignores the fact that family physicians do not have the expertise, time, or resources required to provide assistance for treating mental health concerns. In order for mental health professionals to continue delivering high-quality patient-centered care, technical training should be mandatory as virtual delivery of services can lead to a one-size-fits-all approach [6].

GERIATRIC CARE

Canada’s failures in long-term care (LTC) homes and geriatric care are long-standing. Despite Canada’s increasing aging population, only 14 percent of the health budget is invested in LTC homes [7]. As a result of the lack of preparedness around pandemic and the pre-existing issues within geriatric care, Ontario has failed to protect the lives of the most

vulnerable. Prior to the pandemic, 63% of Ontario LTC patients lived in shared rooms which increases the spread of infectious diseases [8]. Ontario also adapted a risk-based framework in which LTC home inspections occurred only in response to specific situations and complaints. This resulted in nine out of 626 (1.4%) LTC homes in Ontario receiving an inspection by the Ministry of LTC in 2018 [8]. COVID-19 has also exacerbated other challenges faced by the LTC sector including a shortage of personal protective equipment, staff burn out, and an unrealistic ratio of workers to residents. In comparison, British Columbia has shown better coordination between LTC and public health, providing greater funding, fewer shared rooms between patients, and increased inspections [8]. Comparisons between these two provinces suggest responding proactively.

Recommendations

The most fundamental change within the sector of geriatric care is to prioritize LTC homes and provide more funding. New policies should mandate comprehensive plans for preventing and managing infectious disease outbreaks in every LTC home in Ontario [8]. Implementing health teams specialized in infection prevention and outbreak control could mitigate the high rates of transmission within LTC. Public health units across the province should conduct unannounced inspections to ensure that LTC homes are abiding by standardized rules and regulations. Adequate funding towards LTC homes should be guaranteed to ensure that staffing and quality of care are not compromised. Single rooms must also be part of the solution, acting as a preventive measure against outbreaks. A transformation of the LTC system in Ontario is critical for the health of LTC workers and residents. The public has finally witnessed the traumatizing effects of poorly equipped LTC homes during this pandemic and demanding new policies to protect the most vulnerable is required.

HOUSEHOLD FOOD INSECURITY

In 2014, Ontario was home to more than 595,000 food insecure households [9]. In addition to the lack of food access, these individuals also lack access to

adequate housing, food literacy, and sufficient income [9]. Having a nutritious diet is an essential protective factor from acquiring chronic illnesses and health complications in the future. COVID-19 has further intensified the impact of food insecurity due to changes in financial stability of Ontarians, lock-down restrictions and some individuals purchasing mass amounts of foods due to panic buying [10]. Current efforts from the Government of Ontario include collaborating with stakeholders to implement various healthy eating programs and food banks to the public. However, evidence proves that these programs and food banks are merely band-aid solutions to the real problem at hand [11].

Recommendations

In late March of 2020, the government announced a \$200 million investment into social services including the funding of food banks [12]. Despite these efforts, it is insufficient in tackling household food insecurity. Governments must consider an upstream approach to reallocate the funds intended for food banks to social assistance programs for low-income households. Research from other provinces has shown that improving social assistance benefits can reduce food insecurity by almost half [13]. Although this is a difficult transition and poses many questions elsewhere, food insecurity is a cause of many complex chronic health outcomes. Therefore, policies that confront the food insecurity issue will create a systemic change.

CONCLUSION

In the months and years post- COVID, the prevalence of mental illness is expected to increase [4]. It is essential that policies include psychologists and other registered mental health providers to implement a virtual mental health service platform that will be available to all Ontarians. It is evident that the crisis of poor geriatric care within long-term care homes will not be an easy fix. This issue has caused too many deaths resulting from long-standing negligence at the hands of the provincial government and healthcare system. New policies must enact infectious disease prevention plans tailored to LTC homes, regular unannounced public

health inspections, single rooms, and ultimately provide more funding into the geriatric care system of Ontario. Lastly, in response to the issue of household food insecurity, upstream actions must be taken to actively reduce the number of Ontarians being food insecure. This requires the funding intended for short-term solutions such as food banks, to be reallocated to improve social assistance benefits instead. An evidence-based upstream approach that targets the social determinants of health must be utilized by policymakers and other stakeholders for effective change to occur. The consequences of this pandemic and the chronic issues experienced by individuals and communities have illustrated the pressing urgency for new innovative policy changes to transform the lives of Ontarians.

REFERENCES

1. Ratnasingham S, Cairney J, Rehm J, Manson H, Kurdyak PA. Opening eyes, opening minds: The Ontario burden of mental illness and addictions report. [Internet]. Public Health Ontario. 2012 [cited 2020Dec18]. Available from: <https://www.publichealthontario.ca/-/media/documents/O/2012/opening-eyes.pdf?la=en>.
2. Scharf D, Oinonen K. Ontario's response to COVID-19 shows that mental health providers must be integrated into provincial public health insurance systems. *Can J Public Health* [Internet]. 2020Aug7 [cited 2020Dec19];111(4):473-6. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7413017/>.
3. New data shows majority of Ontarians believe mental health crisis will follow COVID-19 impact [Internet]. Canadian Mental Health Association (CMHA) Ontario. 2020 [cited 2020Dec19]. Available from: <https://ontario.cmha.ca/news/new-data-shows-majority-of-ontarians-believe-mental-health-crisis-will-follow-covid-19-impact/>.
4. Kathirvel N. Post COVID-19 pandemic mental health challenges. *Asian J Psychiatr* [Internet]. 2020Sep22 [cited 2020Dec18];53:102430. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7507979/>.
5. Dionne M. Province investing \$147 million into Ontario's mental health and addictions system [Internet]. *insauga.com*. 2020 [cited 2020Dec20]. Available from: <https://www.insauga.com/province-investing-147-million-into-ontarios-mental-health-and-addictions-system>.
6. Gratzner D, Torous J, Lam RW, Patten SB, Kutcher S, Chan S, et al. Our digital moment: innovations and opportunities in digital mental health care. *Can J Psychiatry* [Internet]. 2020Jun30 [cited 2020Dec20];:070674372093783. Available from: <https://journals.sagepub.com/doi/full/10.1177/0706743720937833>
7. Wiercigroch D, Yu CW. Canada's health system fails the elderly [Internet]. Troy Media. 2020 [cited 2020Dec20]. Available from: <https://troymedia.com/health/canada-health-system-fails-elderly/>.
8. Liu M, Maxwell CJ, Armstrong P, Schwandt M, Moser A, Mcgregor MJ, et al. COVID-19 in long-term care homes in Ontario and British Columbia. *CMAJ* [Internet]. 2020Nov23 [cited 2020Dec20];192(47):E1540-E1546. Available from: <https://www.cmaj.ca/content/192/47/E1540#sec-14>
9. Building Ontario's First Food Security Strategy [Internet]. *ontario.ca*. 2017 [cited 2020Dec20]. Available from: <https://www.ontario.ca/page/building-ontarios-first-food-security-strategy>
10. Lufkin B. Coronavirus: The psychology of panic buying [Internet]. BBC Worklife. BBC; 2020 [cited 2021Jun21]. Available from: <https://www.bbc.com/worklife/article/20200304-coronavirus-covid-19-update-why-people-are-stockpiling>
11. Lougheed G. Why food banks? *Esurio: Journal of Hunger & Poverty* [Internet]. 2009Mar12 [cited 2020Dec20];1(1):12-7. Available from: <https://journals.mcmaster.ca/esurio/article/view/868>
12. Salle de presse de l'Ontario [Internet]. Ontario Newsroom. 2020 [cited 2020Dec20]. Available from: <https://news.ontario.ca/en/release/56433/ontario-protecting-the-most-vulnerable-during-covid-19-crisis>
13. Household Food Insecurity in Canada [Internet]. PROOF research to identify policy options to reduce food insecurity. [cited 2020Dec20]. Available from: <https://proof.utoronto.ca/food-insecurity/>.