McMaster University | HEALTH FORUM

RISE Rapid-Improvement Support and Exchange

COVID-19 Rapid Evidence Profile #13 (10 June 2020)

Question and sub-questions

What pandemic-related mental health and addictions issues have emerged, and what indicators and strategies can be used to monitor and address them, respectively? More specifically:

1) Have health-system and economic and social responses to the COVID-19 pandemic affected the type and prevalence of those mental health and addictions issues that are likely to require a response from mental health and addictions services?
2) What indicators can be used for monitoring pandemic-related mental health and addictions issues to inform responses from mental health and addictions services?
3) What strategies are being used to address pandemic-related mental health and addictions issues?

This rapid evidence profile focuses on responses, indicators or strategies for those living with mental health and addictions issues and for the general public, and not on responses, indicators or strategies for healthcare or other essential workers. Further, the profile does not address how public-health measures (e.g., physical distancing and wearing face masks when physical distancing is not possible) have affected individuals with mental health and addictions issues.

What we found

For question 1, we organized relevant documents in relation to how health-system and economic and social responses affected the type and prevalence of mental health and addictions issues:

- overall;
- specifically as a result of health-system arrangements being altered, such as:
  - discontinued or reduced services that interrupted clinical management of mental health and addiction issues,
  - discontinued or reduced services that interrupted clinical management of other health issues,
  - discontinued or reduced services for peer support,
  - discontinued or reduced Alcoholics Anonymous and other 12-step program supports,
  - discontinued or reduced supports for self-management, and
  - adjustments to care delivery that created barriers to access or participation (e.g., shifts to virtual service delivery, new procedures related to physical distancing and face masks, etc.); and

Box 1: Our approach

We identified documents addressing the three questions by searching the guide to key COVID-19 evidence sources between 8 and 10 June 2020.

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. AMSTAR rates overall quality on a scale of 0 to 11, where 11/11 represents a review of the highest quality. It is important to note that: 1) the AMSTAR tool was developed to assess reviews focused on clinical interventions, so not all criteria apply to systematic reviews pertaining to delivery, financial, or governance arrangements within health systems; and 2) quality-appraisal scores for rapid reviews are often lower because of the methodological shortcuts that need to be taken to accommodate compressed timeframes.

We identified experiences from select other countries and from Canadian provinces and territories by searching jurisdiction-specific websites (e.g., government ministries and web pages dedicated to COVID-19). Our scan of experiences from other countries focused on those that we identified as being further ahead in their approach to testing.

This rapid evidence profile was prepared in three business days to inform next steps in evidence synthesis, guideline development and/or decision-making related to the question that was posed.

- specifically where economic and social responses may have happened, such as in:
  - children and youth services,
  - community and social services,
  - culture and gender,
  - education,
  - employment,
  - financial protection,
  - food safety and security,
  - government services,
  - housing,
  - public safety and justice,
  - recreation, and
  - transportation.

Additional details about the form that these alterations or responses may have taken, and the pathways through which they may have affected the type and prevalence of mental health and addictions issues can be found in the row headers in Table 1. For question 3, we organized relevant documents:

- by how health-system arrangements may need to be modified to address pandemic-related mental health and addictions issues; and
- by how economic and social responses may need to be modified to address pandemic-related mental health and addictions issues.

We did not use sub-categories to organize documents for question 2.

We identified 22 evidence documents that provide highly relevant evidence in relation to one or more of the above categories:

- four guidelines developed using a robust process (e.g., GRADE);
- three full systematic reviews, one of which is a living systematic review covering many areas;
- eight rapid reviews;
- one guideline developed using some type of evidence synthesis and/or expert opinion; and
- six primary studies with additional insights.

The newly started living systematic review is focused on COVID-related mental health burden, factors associated with mental-health outcomes, and intervention effectiveness both in the general population and in vulnerable populations. Two of the areas of focus of the living systematic review (changes in mental health symptoms among the same participants from pre-COVID or across delineated events during COVID-19, and factors associated with levels or changes in symptoms during COVID-19) relate to the first question addressed in this rapid evidence profile. The third area of focus in the living systematic review (effects of interventions on mental-health symptoms during COVID-19) relates (at least in part) to the third question addressed in this rapid evidence profile.

We provide in Table 1 an overview of lessons learned from these evidence documents as well as from two jurisdictional scans (one for other countries and the other for Canadian provinces and territories). Additional details for those who want to know more are in Table 2 (the type and number of all documents that were identified), Table 3 (for experiences from other countries), and Table 4 (for experiences from Canadian provinces and territories). In addition, we provide a detailed summary of our methods in Appendix 1, the full list of included evidence documents (including those deemed of medium and low relevance) in Appendix 2, abstracts for highly relevant documents in Appendix 3, and hyperlinks for documents excluded at the final stage of reviewing in Appendix 4.

Table 1: Key findings from highly relevant evidence documents and experiences from other countries and Canadian provinces and territories

Question and sub-questions	People living with existing mental health and addictions issues	General population (i.e., emergence of new mental health and addictions issues)
Have health-system and economic and social responses to the COVID-19 pandemic affected the type and prevalence of those mental health and addictions issues that are likely to require a response from mental health and addictions services? • overall • specifically as a result of health-system arrangements being altered, such as: o discontinued or reduced services that interrupted clinical management of mental health and addiction issues, o discontinued or reduced services that interrupted clinical management of other health issues, o discontinued or reduced services for peer support, o discontinued or reduced Alcoholics Anonymous and other 12-step program supports, o discontinued or reduced supports for self-management, and o adjustments to care delivery that created barriers to access or participation (e.g., shifts to virtual service delivery, new procedures related to physical distancing and face masks, etc.)	**Highly relevant evidence documents** • Guidelines developed using a robust process (e.g., GRADE) o The pandemic calls for modifications for the safe delivery of essential services, and plans to transition towards restoration of activities for mental, neurological and substance-use disorders (WHO technical guidance; last updated 1 June 2020) o Addressing social stigmatization is crucial to effectively combat pandemics (WHO technical guidance; last updated 24 February 2020) • Guidelines developed using some type of evidence synthesis and/or expert opinion o People with dementia and related conditions as well as their relatives may be especially vulnerable during the COVID-19 pandemic given feelings of abandonment, depression and behavioural disturbances when family members cannot visit them, which require strategies tailored for patients in different settings (i.e., home, retirement home, hospitals) (Management Group of the EAN Dementia Panel; last updated 3 April 2020) • Single studies (when no guidelines, systematic reviews or rapid reviews are identified) o During the COVID-19 outbreak, school-age children's ADHD symptoms were found to be significantly worse compared to normal state (published 9 April 2020) **Experiences from other countries** • Norway reported a reduction in the availability of emergency mental health care of about 15% as a	**Highly relevant evidence documents** • Guidelines developed using a robust process (e.g., GRADE) o To address the impact of COVID-19 on mental health and addiction, there is need for accurate, consistent, understandable and empathic risk communication; population messages on positive coping; activities that enhance social connectedness; and remote psychological interventions (WHO technical guidance; last updated May 2020) • Full systematic reviews o Findings are just starting to emerge from a living systematic review focused on COVID-19-related mental health burden, factors associated with mental-health outcomes, and intervention effectiveness both in the general population and in vulnerable populations (AMSTAR rating 9/9; last updated 6 May 2020) o Subsyndromal mental health concerns are in the COVID-19 outbreak for both the general public and healthcare workers, with depressive and anxiety symptoms being reported in 16–28% of people being screened, and this requires novel methods of consultation (e.g., online services) that can be helpful for these patients (AMSTAR rating 2/9; published 31 March 2020 - search date not reported) • Single studies (when no guidelines, systematic reviews or rapid reviews are identified) o Global estimates from modelling used to describe the non-linear connection between unemployment and suicide found that higher

• specifically where economic and social responses may have happened (that may have increased stressors, affected ability to meet basic needs, reduced access to formal and informal supports, reduced ability to participate in meaningful life roles and activities, or created barriers to self-management) o children and youth services - discontinued/reduced access to infant, child, youth and family services and supports o community and social services – discontinued or reduced access to social and practical support offered through community-service agencies o culture and gender – reduced access to support for gender-based violence; changes to religious and cultural practices (e.g., cessation of in-person services at places of worship) o education – lack of access to school-based services and social networks o employment – loss of job or reduced job security; changes to workplace safety; lack of access to supported employment services o financial protection – dramatic drop in income or decreased security/stability of income o food safety and security – lack of access to food banks, meal	result of ward closures and personnel requiring self-isolation **Experiences from Canadian provinces and territories** • No information found on Canadian experiences	levels of worldwide unemployment (an increase from 4.936% to 5.644%) was associated with an increase of 9,570 deaths by suicide per year, and lower estimates of unemployment (an increase to 5.088%) was associated with an increase of 2,135 deaths by suicide per year (published 1 May 2020) o The Chinese workforce returning to work during the pandemic had a 10.8% rate of post-traumatic stress disorder, but low rates of other psychiatric diagnoses with no differences among types of workers; good personal and organizational 'psychoneuroimmunity prevention' measures were associated with lower levels of psychiatric symptoms (Posted 23 April 2020 - pre-print) **Experiences from other countries** • No information found on the experiences of other countries **Experiences from Canadian provinces and territories** • No information found on Canadian experiences

programs, or community gardens; reduced affordability o government services - delayed processing of ODSP, OW and other benefits; access to and eligibility for pandemic-specific benefits o housing - loss of housing or lack of access to safe shelter or other temporary housing spaces o public safety and justice – release from jail or prison due to COVID-19 concerns (and possibly without supports in place) or lack of access to court support, bail or early release programs; police enforcement of public-health measures o recreation – lack of access to recreation and physical activity options (or lack of access to the supports to enable participation) o transportation – lack of ability to travel to see family and friends; reduced availability of public transit affecting access to essential services or employment		
What indicators can be used for monitoring pandemic-related mental health and addictions issues to inform responses from mental health and addictions services?	**Highly relevant evidence documents** • None identified **Experiences from other countries** • No information found on the experiences of other countries **Experiences from Canadian provinces and territories** • No information found on Canadian experiences	**Highly relevant evidence documents** • Single studies (when no guidelines, systematic reviews or rapid reviews are identified) o A survey of 308 working adults in 53 cities showed that distance to the epicentre of the outbreak in Wuhan had an inverted U-shaped relationship with burnout, which can be used to help identify regions where people may need more psychiatric assistance (published 14 April 2020)

		Experiences from other countries • In Australia, a key part of the mental-health response to the pandemic is paying particular attention to specific considerations that may place individuals at higher risk of developing or exacerbating mental health issues, including risk factors (e.g., physical health, social housing, alcohol and drug use), settings (e.g., employment status, those in early childhood and education), and particular population groups (e.g., older adults, Aboriginal Torres Strait Islander, multi-trauma sub-groups, caregivers) o Further, the Australian Institute of Health and Welfare's National Self-Harm and Suicide Monitoring System is being leveraged for COVID-19 to provide states and territories with access to real-time information for monitoring and evaluation of mental health and addictions services throughout the pandemic **Experiences from Canadian provinces and territories** • In Quebec, recommendations have been developed for monitoring indicators of violence, sense of security, crime, and social tension
What strategies are being used to address pandemic-related mental health and addictions issues? • by how health-system arrangements may need to be modified to address pandemic-related mental health and addictions issues (e.g., increased investment in community-based services, extra staffing in ERs) • by how economic and social responses may need to be modified to address mental health and addictions issues	**Highly relevant evidence documents** • Guidelines developed using a robust process (e.g., GRADE) o The pandemic calls for modifications for the safe delivery of essential services, and plans to transition towards restoration of activities for mental, neurological and substance-use disorders (WHO technical guidance; last updated 1 June 2020) o It is important to craft targeted messages that can be used in communications to support mental and psychosocial well-being of different target groups during the pandemic (WHO technical guidance; last updated 18 March 2020)	**Highly relevant evidence documents** • Full systematic review o Findings are just starting to emerge from a living systematic review focused on COVID-19-related mental health burden, factors associated with mental health outcomes, and intervention effectiveness both in the general population and in vulnerable populations (AMSTAR rating 9/9; last updated 6 May 2020) • Rapid reviews o While social prescribing has been disrupted by the COVID-19 pandemic, virtual connectivity (e.g., online singing groups, virtual reading group, social media), can be used to help people feel connected

	○ Addressing social stigmatization is crucial to effectively combat pandemics (WHO technical guidance; last updated 24 February 2020) • Full systematic reviews ○ Crisis-planning for psychotic illness or bipolar disorder can be used to avoid hospital admissions during the pandemic (AMSTAR rating 8/10; literature last searched in October 2018) • Rapid reviews ○ Mental-health services should be adapted for those with existing mental health concerns by communicating information about the pandemic clearly to the public and adapting the services available, which can be done most easily through the use of technology (AMSTAR 2/9; published on 3 May 2020) ○ Developing a safe supply of substances for those who use drugs might be a feasible strategy during the COVID-19 pandemic, however, further research needs to be conducted to support decision-making on safe supply (e.g., substances, doses and delivery methods) as well as to determine the cost-effectiveness, safety, benefits, and long-term outcomes of such programs (AMSTAR rating 0/9; literature last searched 1 April 2020) ○ A small body of evidence suggests that non-technology based activities delivered at home by family carers may have some positive effects on cognition and mood for people with dementia who are socially isolating during COVID-19, and all activities should be tailored to meet the individual needs and preferences of people living with dementia in an engaging and enjoyable way (AMSTAR rating 0/9; last updated 7 May 2020) ○ Guidance to reduce adverse impacts of people living with a mental health issue during the pandemic suggests the use of active screening	(AMSTAR rating 0/9; last updated 25 March 2020) • Single studies (when no guidelines, systematic reviews or rapid reviews are identified) ○ Studies on previous outbreaks suggest that survivors of the disease experience an increased prevalence of post-traumatic stress disorder and depression, and that multi-disciplinary mental health treatment teams should be established to deliver appropriate mental health care to affected persons, alongside governmental action to allow for secure electronic information-sharing platforms (published 25 March 2020) **Experiences from other countries** • All jurisdictions have developed benefits packages to support their populations, which include social and economic supports such as expanded benefits, supports for those who have been laid off or experiencing financial hardship, and expanding housing supports (e.g., halting evictions, expanding rental and mortgage payment supports), which may contribute to mental well-being, however, these benefits have not been explicitly labelled as responses to emerging mental health and addictions issues • Australia, Finland, Germany, Sweden and the United Kingdom have all put additional resources into expanding the capacity of their mental health services to operate throughout the pandemic, through greater digitization and in some cases the expansion of third-party partnerships • In Australia, a mental health and well-being package has been put together which includes: digital resources for those experiencing stress or anxiety related to the pandemic; online and telephone-based services; culturally appropriate services for specific populations; and additional investment in the "Find

	programs and providing up-to-date and tailored information to mitigate risks (AMSTAR rating 3/9; literature last searched 12 May 2020) o Reinforcing the need for ambulatory care and the use of technology, facilitating access to treatments, and enhancing coordination between healthcare providers are among the recommendations to manage patients with psychiatric conditions in lock-down contexts (AMSTAR rating 2/9; last updated 23 April 2020) o The literature recommends intensifying the health services for people with mental health issues during the COVID-19 pandemic, as well as having dedicated mental health services for people with COVID-19 (AMSTAR rating 3/9; last updated 20 April 2020) o An increase in dependency on substances is expected throughout the pandemic, particularly among homeless or marginally housed individuals, but may be supported through the opening of emergency beds and accommodation, increased funding to community organizations, adapting the management of opioid addictions, teleconsultations, and the establishment of trauma-oriented training and practice for workers (AMSTAR rating 3/9; literature last searched 20 April 2020) • Guidelines developed using some type of evidence synthesis and/or expert opinion o People with dementia and related conditions as well as their relatives may be especially vulnerable during the COVID-19 pandemic given feelings of abandonment, depression and behavioural disturbances when family members cannot visit them, which require strategies tailored for patients in different settings (i.e., home, retirement home, hospitals) (Management Group of the EAN Dementia Panel; last updated 3 April 2020)	a Psychologist" website to help identify available providers o In addition, the national government has provided funds for the mental health specific pandemic response plan which includes identifying the mental health needs of Australians in the short- and long-term post-pandemic, and outlining new priority areas that have emerged throughout the pandemic • In New Zealand, the government has released a COVID-19 psychosocial and mental well-being recovery plan which provides steps to build stronger social and economic environments over the next 12 – 18 months, in particular targeting those that may be disproportionately affected including those at higher risk of contracting COVID-19, those with pre-existing conditions, individuals living in poverty or facing financial hardship, among others o The strategy sets out specific roles and responsibilities at a national level as well as at a regional and local level for the provision of mental health and addictions services • In the U.K., Public Health England has launched a mental health education and communications campaign that focuses on mental health and well-being of the public, which includes tailored evidence-based resources and tools to support self-management of anxiety and stress **Experiences from Canadian provinces and territories** • British Columbia, Alberta, Ontario, Prince Edward Island and the Northwest Territories have all made (or will be making investments towards expanding access to digital mental health and addictions supports • In Alberta a program entitled Text4Hope provides free text message-based cognitive-behavioural

	Experiences from other countries • In Australia as part of the mental health and well-being package, psychological supports for existing community mental health clients has been expanded for an additional 12 months • In Finland there has been continuity of many mental health and addictions services including providing exceptions to public-health rules to operate in person when it is deemed necessary, such as for Alcoholics Anonymous programs • In Germany, patients who had seen a psychologist in the previous 18 months were eligible to receive care delivered remotely under an extended funding arrangement **Experiences from Canadian provinces and territories** • In British Columbia exceptions to public-health rules on gathering restrictions have been provided to overdose-prevention and supervised-consumption sites. and they have released accompanying guidance o In addition, the provincial government has released interim clinical guidance to address issues around unsafe supply of drugs and withdrawal during the pandemic • In Quebec, numerous guidelines have been developed to support the delivery of mental health programs in the context of the pandemic, including: mental health and forensic psychiatry; young people experiencing difficulty; assessing those at risk of psychosocial vulnerability; and for intimate partner violence • The governments of Nova Scotia and Prince Edward Island have each dedicated funds to support access to mental health and housing for those experiencing addictions and mental health challenges	therapy to help people cope with negative thoughts, feelings and behaviours associated with the pandemic • Similarly, Manitoba has launched an internet-based cognitive-behavioural therapy program to support those dealing with pandemic-associated anxiety • In Ontario, a virtual action centre has been launched to support training for employees within the hospitality sector who have been laid off due to COVID-19 within which workers have access to mental health and stress-management supports • In the Northwest Territories, free remote mental health counselling has been developed through telephone and virtual platforms, as well as educational materials and workshops pertaining to mental health for families

Table 2: Overview of type and number of documents that were identified

Type of document	Total	Health-system and economic and social responses to COVID-19 pandemic that have affected the type and prevalence of those mental health and addictions issues that are likely to require a response from mental health and addictions services	Indicators that can be used for monitoring pandemic-related mental health and addictions issues to inform responses from mental health and addictions services	Strategies being used to address pandemic-related mental health and addictions issues
Guidelines developed using a robust process (e.g., GRADE)	9	8	0	5
Full systematic reviews	8	2	0	7
Rapid reviews	15	4	0	13
Guidelines developed using some type of evidence synthesis and/or expert opinion	2	2	0	2
Protocols for reviews that are underway	15	9	1	9
Titles/questions for reviews that are being planned	1	1	0	0
Single studies in areas where no reviews were identified	20	16	1	3

Table 3: International experiences with health-system arrangements and economic and social response that have affected the type and prevalence of those mental health and addictions issues, the indicators used to monitor the impacts, and the strategies for addressing them

Country	Key findings
Australia	• To help support Australians with pandemic-related mental health and addictions issues, the Australian government is funding a $74-million mental health and well-being package, which includes: o digital resources and telehealth services to help individuals experiencing stress or anxiety related to the impacts of the pandemic (e.g., poor health, unemployment, family pressures); o online and telephone-based mental health and well-being programs for front-line healthcare providers; o culturally appropriate mental heath and well-being resources for different cultures and life experiences (e.g., Aboriginal and Torres Islander Strait Peoples, older adults receiving aged-care support, expecting and new parents); o mental health education and communication campaigns related to COVID-19; o expansion of psychosocial support for community mental health clients for an additional 12 months; and o additional investment in Australian Psychological Society's Find a Psychologist website to help Australians identify a mental healthcare provider. • The Australian government is providing $48.1 million for the National Mental Health and Wellbeing Pandemic Response Plan. The comprehensive plan includes specific action plans for the pandemic response and recovery phases, which includes: o identifying and meeting the mental health and well-being needs of Australians in the short and long term of the pandemic through different care pathways (e.g., telehealth services, community-based mental health services, programs supporting individuals and families in quarantine); o outlining priority areas to help inform jurisdictions on key mental health services and programs (e.g., improve access to care, expand community health services, integrating services, promoting prevention and early help); o defining governance, coordination, and implementation of data-collection processes for key indicators (i.e., direct COVID-19 pandemic impacts, population well-being or distress, social and economic drivers and outcomes, health risk behaviours, prevalence of mental health disorders, health-system capacity, and health-system experience and outcomes); and o providing specific considerations for specific risk factors (e.g., physical health, social housing, alcohol and other drug use, gambling), settings (e.g., employment and workplaces, early childhood and education), and population groups (i.e., essential workers, older adults, children, young people, Aboriginal and Torres Strait Islander Peoples, people experiencing domestic and/or sexual violence, culturally and linguistically diverse groups, multi-trauma sub-groups, healthcare providers and mental health workforce, people with disabilities, caregivers, LGBTI, and rural and remote communities) • The Australian Institute of Health and Welfare's National Self-Harm and Suicide Monitoring System is being leveraged for COVID-19, which provides states and territories access to real-time information for monitoring and evaluation of mental health and addiction services.
Finland	• Finland has sought to maintain continuity in mental health services through transitioning to online service provision. Some services, including Alcoholics

Country	Key findings
	Anonymous, have been given permission to operate in person when it is deemed necessary to do so. • However, disruptions to management of chronic conditions in general have been noted. o In particular, municipalities closed some rehabilitation services early on, and decreased primary-care visits and follow-up visits for chronic illness have been observed. Finland has responded with public information campaigns encouraging citizens to engage with regular care. • Finland also took steps in April to increase the operational capacity of the health and social sector, through additional hiring, third-sector partnerships, and work reorganization to ensure continuity of services.
Germany	• Patients who had seen a psychotherapist within the previous 18 months were eligible to receive care delivered remotely under an extended funding arrangement. • Social-system strategies include funding digitization efforts of schools, financial support for parents and laid-off or quarantined workers, loosened eligibility for unemployment and child support, halting eviction for tenants whose income is affected by the pandemic, and introduction of binding workplace-safety guidelines to prevent workplace transmission of COVID-19.
New Zealand	• To support the mental health and social well-being of New Zealanders, the government released the The Kia Kaha, Kia Māia, Kia Ora Aotearoa - COVID-19 Psychosocial and Mental Wellbeing Recovery Plan, which is a framework that provides actionable steps for the nation for the next 12 to 18 months. The framework broadly describes: o the five expected outcomes and their respective actionable steps that aim to: 1) build social and economic environments for psychosocial and economic well-being, 2) empower community-led solutions, 2) equip people to look after their own mental well-being, 4) strengthen mental health and addiction supports in communities, and 5) support specialist mental health and addiction services; o the groups that are disproportionately affected (e.g., higher risk of contracting COVID-19, pre-existing conditions, existing hardship or poverty, loss of job or household for the first time, cultural and religious customs and values, children, Māori, Pacific, people with disabilities, and young people); o the roles and responsibilities at national level (National Emergency Management Agency, Ministry of Health, government agencies, national NGOs) and at regional or local level (District health boards, Iwi, hapū, whanau, local authorities, NGO service providers, community groups and networks, citizens) related to mental health and addiction services; and o strategies for evaluation and monitoring (e.g., updating national mental health and addiction survey, working with agencies to better understand mental health and social well-being needs of our shared populations, evaluating digital mental health solutions), workforce capacity (e.g., identifying gaps and service needs), and policy (e.g., collaborating with stakeholders to update policies related to mental health and social well-being).
Norway	• Norway reported a reduction in the availability of emergency mental care of about 15% given many ward closures in hospitals and mental health personnel being quarantined. • Significant benefits packages have been implemented for workers (e.g., expanded sick days, parental supports, access to paid leave, and reduction in employee social insurance contribution) and for those who have been laid-off as a result of the pandemic (e.g., expanded access to employment insurance and maintenance as a member of pension schemes), however, this has not been done in direct response to mental health and addictions issues.

Country	Key findings
Sweden	• Government of Sweden is providing 24 million SEK to the regions through their Legal, Financial and Administrative Service Agency to strengthen digital contact channels to activities that receive patients with mental health concerns. • The majority of community and mental health services have been maintained throughout the pandemic. • Decisions for Sweden's targeted approach to the pandemic were in part informed by concerns about mental well-being alongside economic implications.
U.K.	• Public Health England launched a mental health education and communications campaign that focuses on the mental health and well-being of the public during the COVID-19 pandemic. Endorsed by Their Royal Highnesses the Duke and Duchess of Cambridge, the campaign includes tailored evidence-based resources and tools to support mental health and well-being issues such as anxiety, stress, and trouble sleeping. • The government provided £5 million to leading mental health charities to expand services and programs such as telehealth and online support services. • NHS England is working closely with the government to adjust staff straining and alter services in order to prioritize digitally- supported delivery of mental health services (e.g., 24/7 helplines).

Table 4: Canadian provinces' and territories' experiences with health-system arrangements and economic and social response that have affected the type and prevalence of those mental health and addictions issues, the indicators used to monitor the impacts, and the strategies for addressing them

Province/ territory	Key findings
British Columbia	• British Colombia expanded access to, invested in, and created new virtual mental health support resources for the general public and specific populations (including youth, seniors, students, survivors of sexual violence, and Indigenous peoples, among others). o These resources include individual and group-based resources, one-off supports and multi-week programs, and online tip sheets regarding coping strategies. • The provincial government and the British Colombia Centre for Disease Control have ensured that overdose prevention sites and supervised consumption sites are exempt from restrictions on gatherings, and they have released guidance on how to respond to opioid overdoses during the COVID-19 pandemic. • The British Colombia division of the Canadian Mental Health Association released an online mental health check-in tool in response to mental health and wellness concerns related to the COVID-19 pandemic. • The British Colombia Centre on Substance Use released interim clinical guidance about how to care for people who use drugs during the COVID-19 pandemic in light of the increased risk of unsafe supply, overdose, and withdrawal during the pandemic.
Alberta	• Alberta Health Services launched Text4Hope, a free text message-based cognitive-behavioural therapy program designed to help people cope with negative thoughts, feelings, and behaviours associated with the pandemic. • The provincial government announced $53 million for a COVID-19 mental health action plan. Thus far, $21.6 million has been invested in expanding online and community-based supports including helplines, mental health apps, and online counselling services. • The province launched a $25-million fund to invest in community mental health and addiction services aimed at supporting people impacted by the COVID-19 pandemic and/or the measures to contain to pandemic. The first of three calls for proposals is currently open.
Saskatchewan	• It is unclear whether specific strategies have been deployed to address mental health and addiction needs during COVID-19.
Manitoba	• The Government of Manitoba and Morneau Shepell launched the AbilitiCBT program, an internet-based cognitive-behavioural therapy program aimed at supporting people dealing with pandemic-associated anxiety. The program pairs Manitoba residents with professional therapists to complete modules and receive virtual consultations without placing additional strain on the health system.
Ontario	• On 2 April, the Government of Ontario announced $12 million in funds to scale up online and virtual mental health supports. Emergency funding is aimed to support mental health organizations in: o hiring more staff and providing adequate training; o purchasing essential technology and equipment; and o acquiring additional licences. • Under this commitment, the Government of Ontario has also provided free-of-cost internet-based cognitive-behavioural therapy programs to connect individuals, including front-line workers, with appropriate care.

Province/ territory	Key findings
	• On 22 May, the Government of Ontario announced $2 million in launching a Virtual Action Centre to provide training for employees within the hospitality sector who have been laid off due to COVID-19. As part of the commitment, workers have access to mental health and stress-management supports through video conferencing. • A provincial Mental Health and Addictions COVID-19 Response Table has also been developed to assess and address mental health and addiction needs across Ontario during COVID-19.
Quebec	• On 6 May 2020, the government presented a COVID-19 mental health action plan, which includes: o enhancement to Info-Social 811 services; o improving access to appropriate and timely psychosocial and mental health services for anyone who requests it; and o intensification of social and psychological counselling services as well as the deployment of priority mental health services. • The government elaborated an several public communication tools to support various groups experiencing pandemic-related mental health issues (e.g., those experiencing grief and children experiencing stress and anxiety). • The government produced guidelines for mental health and forensic psychiatry, and more specifically for services focused on young people in difficulty during the pandemic, as well as toolkits for identifying people at risk of psychosocial vulnerability, for dealing with stress, anxiety and depression associated with the pandemic, and for supporting people who use drugs and people who are homeless during the pandemic. • The Institut national de santé publique du Québec was mandated to produce evidence-informed recommendations on: o the reduction of psychosocial risks at work in the context of a pandemic; o community resilience and social cohesion to promote mental health and well-being; o youth exposure to violence in video games and social media in the context of the COVID-19 pandemic; o indicators for monitoring violence, security, sense of security, crime and social tension; o intimate partner violence (including a media toolkit); and o preventing violence and suicide during the COVID-19 pandemic.
New Brunswick	• Unable to find specific strategies related to mental health and addiction as part of the COVID-19 response
Nova Scotia	• Unable to find specific strategies related to mental health and addiction as part of the COVID-19 response • However, on 17 April, the Government of Nova Scotia invested $1 million in United Way Halifax's Atlantic Compassion Fund, aimed to increase access to mental health organizations, as well as organizations which provide food and shelter, for vulnerable populations.
Prince Edward Island	• On April 22, the Government of Prince Edward Island announced $365,000 to provide housing and peer support to individuals experiencing addiction and mental health challenges. • In efforts to strengthen access to mental health and addiction services, the Government of Prince Edward Island has additionally: o implemented mental health call-in clinics;

Province/ territory	Key findings
	○ mobilized community organizations to provide online supports for individuals experiencing anxiety; and ○ established psychiatric clinics and addiction transition units in central locations to reduce strain on local emergency departments.
Newfoundland and Labrador	• Unable to find specific strategies related to mental health and addiction as part of the COVID-19 response • On 24 March, the Government of Newfoundland and Labrador announced $120 million in funds to strengthen supports and social services offered by community-based organizations. • On 15 May, the Government of Newfoundland and Labrador also allocated $300,000 to launch the Students Supporting Communities Program which connects seniors and other vulnerable individuals with student employees to mitigate the mental health impacts of social isolation.
Yukon	• Unable to find specific strategies related to mental health and addiction as part of the COVID-19 response
Northwest Territories	• On 6 May, the Government of Northwest Territories announced free remote mental health counselling services through telephone and virtual platforms. Educational materials and workshops pertaining to mental health have additionally been developed for families.
Nunavut	• Unable to find specific strategies related to mental health and addiction as part of the COVID-19 response

Waddell K, Wilson MG, Bullock HL, Evans C, Gauvin FP, Mansilla C, Moat KA, Wang Q, Voorheis P, Bhuiya AR, Ahmad A, Lavis JN. COVID-19 rapid evidence profile #13: What pandemic-related mental health and addictions issues have emerged and what indicators and strategies can be used to monitor and address them, respectively? Hamilton: McMaster Health Forum, 10 June 2020.

The McMaster Health Forum is one of the three co-leads of RISE, which is supported by a grant from the Ontario Ministry of Health to the McMaster Health Forum. To help Ontario Health Team partners and other health- and social-system leaders as they respond to unprecedented challenges related to the COVID-19 pandemic, the Forum is preparing rapid evidence responses like this one. The opinions, results and conclusions are those of the McMaster Health Forum and are independent of the ministry. No endorsement by the ministry is intended or should be inferred.

The authors declare that they have no professional or commercial interests relevant to the rapid evidence profile. The funders played no role in the identification, selection, assessment, synthesis, or presentation of the research evidence or experiences profiled in the rapid evidence profile.

Appendix 1: Methodological details

We use a standard protocol for preparing each rapid evidence profile (REP) to ensure that our approach to identifying research evidence as well as experiences from other countries and from Canadian provinces and territories are as systematic and transparent as possible in the time we were given to prepare the profile.

Identifying research evidence

For each REP, we search our continually updated guide to key COVID-19 evidence sources for:
1) guidelines developed using a robust process (e.g., GRADE);
2) full systematic reviews;
3) rapid reviews;
4) guidelines developed using some type of evidence synthesis and/or expert opinion;
5) protocols for reviews or rapid reviews that are underway;
6) titles/questions for reviews that are being planned; and
7) single studies (when no guidelines, systematic reviews or rapid reviews are identified).

Each source for these documents is assigned to one team member who conducts hand searches (when a source contains a smaller number of documents) or keyword searches to identify potentially relevant documents. A final inclusion assessment is performed both by the person who did the initial screening and the lead author of the rapid evidence profile, with disagreements resolved by consensus or with the input of a third reviewer on the team. The team uses a dedicated virtual channel to discuss and iteratively refine inclusion/exclusion criteria throughout the process, which provides a running list of considerations that all members can consult during the first stages of assessment.

During this process we include published, pre-print and grey literature. We do not exclude documents based on the language of a document. However, we are not able to extract key findings from documents that are written in languages other than Chinese, English, French or Spanish. We provide any documents that do not have content available in these languages in an appendix containing documents excluded at the final stages of reviewing.

Identifying experiences from other countries and from Canadian provinces and territories

For each rapid evidence profile we collectively decide on what countries to examine based on the question posed. For other countries we search relevant sources included in our continually updated guide to key COVID-19 evidence sources. These sources include government-response trackers that document national responses to the pandemic. In addition, we conduct searches of relevant government and ministry websites. In Canada, we search websites from relevant federal and provincial governments, ministries and agencies (e.g., Public Health Agency of Canada).

While we do not exclude countries based on language, where information is not available through the government-response trackers, we are unable to extract information about countries that do not use English, Chinese, French or Spanish as an official language.

Assessing relevance and quality of evidence

We assess the relevance of each included evidence document as being of high, moderate or low relevance to the question and to COVID-19. We then use a colour gradient to reflect high (darkest blue) to low (lightest blue) relevance.

Two reviewers independently appraise the methodological quality of systematic reviews and rapid reviews that are deemed to be highly relevant. Disagreements are resolved by consensus with a third reviewer if needed. AMSTAR rates overall methodological quality on a scale of 0 to 11, where 11/11 represents a review of the highest quality. High-quality reviews are those with scores of eight or higher out of a possible 11, medium-quality reviews are those with scores between four and seven, and low-quality reviews are those with scores less than four. It is important to note that the AMSTAR tool was developed to assess reviews focused on clinical interventions, so not all criteria apply to systematic reviews pertaining to health-system arrangements or to economic and social responses to COVID-19. Where the denominator is not 11, an aspect of the tool was considered not relevant by the raters. In comparing ratings, it is therefore important to keep both parts of the score (i.e., the numerator and denominator) in mind. For example, a review that scores 8/8 is generally of comparable quality to a review scoring 11/11; both ratings are considered 'high scores.' A high score signals that readers of the review can have a high level of confidence in its findings. A low score, on the other hand, does not mean that the review should be discarded, merely that less confidence can be placed in its findings and that the review needs to be examined closely to identify its limitations. (Lewin S, Oxman AD, Lavis JN, Fretheim A. SUPPORT Tools for evidence-informed health Policymaking (STP): 8. Deciding how much confidence to place in a systematic review. *Health Research Policy and Systems* 2009; 7 (Suppl1):S8.

Preparing the profile

Each included document is hyperlinked to its original source to facilitate easy retrieval. For all included guidelines, systematic reviews, rapid reviews and single studies (when included), we prepare declarative headings that provide a brief summary of the key findings and act as the text in the hyperlink. Protocols and titles/questions have their titles hyperlinked given that findings are not yet available. We then draft a brief summary that highlights the total number of different types of highly relevant documents identified (organized by document), as well as their key findings, date of last search (or date last updated or published), and methodological quality.

Appendix 2: Evidence documents that address the question, organized by document type and sorted by relevance to the question and COVID-19

Type of document	Relevance to question	Focus	Recency or status
Guidelines developed using a robust process (e.g., GRADE)	• Have health-system and economic and social responses to the COVID-19 pandemic affected the type and prevalence of those mental health and addictions issues that are likely to require a response from mental health and addictions services? o Specifically as a result of health-system arrangements being altered ▪ Discontinued or reduced supports for self-management ▪ Adjustments to care delivery that created barriers to access or participation (e.g., shifts to virtual service delivery, new procedures related to PPE, physical distancing, etc.) o Specifically where responses may have happened ▪ Community and social services	To address the impact of COVID-19 on mental health and addiction, there is need for accurate, consistent, understandable and empathic risk communication; population messages on positive coping; activities that enhance social connectedness; and remote psychological interventions (WHO technical guidance)	Last updated May 2020
	• Have health-system and economic and social responses to the COVID-19 pandemic affected the type and prevalence of those mental health and addictions issues that are likely to require a response from mental health and addictions services? o Specifically as a result of health-system arrangements being altered ▪ Discontinued or reduced services that interrupted clinical management of mental health and addiction concerns • What strategies are being used to address pandemic-related mental health and addictions issues?	The pandemic calls for modifications for the safe delivery of essential services, and plans to transition towards restoration of activities for mental, neurological and substance-use disorders (WHO technical guidance)	Last updated 1 June 2020

Type of document	Relevance to question	Focus	Recency or status
	o By how health-system arrangements may need to be modified		
	• What strategies are being used to address pandemic-related mental health and addictions issues? o By how health-system arrangements may need to be modified	It is important to craft targeted messages that can be used in communications to support mental and psychosocial well-being of different target groups during the pandemic (WHO technical guidance)	Last updated 18 March 2020
	• Have health-system and economic and social responses to the COVID-19 pandemic affected the type and prevalence of those mental health and addictions issues that are likely to require a response from mental health and addictions services? o Specifically where responses may have happened ▪ Culture and gender • What strategies are being used to address pandemic-related mental health and addictions issues? o By how economic and social responses may need to be adjusted specifically to address mental health and addictions issues	Addressing social stigmatization is crucial to effectively combat pandemics (WHO technical guidance)	Last updated 24 February 2020
	• Have health-system and economic and social responses to the COVID-19 pandemic affected the type and prevalence of those mental health and addictions issues that are likely to require a response from mental health and addictions services? o Specifically where responses may have happened ▪ Community and social services • What strategies are being used to address pandemic-related mental health and addictions issues?	It is crucial to engage marginalized and vulnerable people in risk communication during the pandemic (WHO technical guidance)	Last updated 24 April 2020

Type of document	Relevance to question	Focus	Recency or status
	○ By how economic and social responses may need to be adjusted specifically to address mental health and addictions issues		
	• Have health-system and economic and social responses to the COVID-19 pandemic affected the type and prevalence of those mental health and addictions issues that are likely to require a response from mental health and addictions services? ○ Specifically where responses may have happened ▪ Culture and gender • What strategies are being used to address pandemic-related mental health and addictions issues? ○ By how economic and social responses may need to be adjusted specifically to address mental health and addictions issues	Religious leaders and faith-based communities can play a role to maintain and strengthen relationships during the pandemic that can support mental health and community resilience (WHO technical guidance)	Last updated 7 April 2020
	• Have health-system and economic and social responses to the COVID-19 pandemic affected the type and prevalence of those mental health and addictions issues that are likely to require a response from mental health and addictions services? ○ Specifically where responses may have happened ▪ Employment • What strategies are being used to address pandemic-related mental health and addictions issues? ○ By how economic and social responses may need to be adjusted specifically to address mental health and addictions issues	Employers should plan to address the mental health and social consequences of a case of COVID-19 in the workplace or in the community and offer information and support to their employees (WHO technical guidance)	Last updated 3 March 2020

Type of document	Relevance to question	Focus	Recency or status
	• Have health-system and economic and social responses to the COVID-19 pandemic affected the type and prevalence of those mental health and addictions issues that are likely to require a response from mental health and addictions services? o Specifically as a result of health-system arrangements being altered ▪ Adjustments to care delivery that created barriers to access or participation (e.g., shifts to virtual service delivery, new procedures related to PPE, physical distancing, etc.) o Specifically where responses may have happened ▪ Public safety and justice	Infection prevention and control measures taken in jails and detention centres (e.g., limiting or restricting visits) can have an impact on the mental well-being of prisoners and increase levels of anxiety (WHO technical guidance)	Last updated 15 March 2020
	• Have health-system and economic and social responses to the COVID-19 pandemic affected the type and prevalence of those mental health and addictions issues that are likely to require a response from mental health and addictions services? o Specifically as a result of health-system arrangements being altered • Adjustments to care delivery that created barriers to access or participation (e.g., shifts to virtual service delivery, new procedures related to PPE, physical distancing, etc.)	Infection prevention and control measures may affect the mental health and well-being of residents in long-term care facilities, especially the use of personal protective equipment and restriction of visitors and group activities (WHO technical guidance)	Last updated 21 March 2020
Full systematic reviews	• Have health-system and economic and social responses to the COVID-19 pandemic affected the type and prevalence of those mental health and addictions issues that are likely to require a response from mental health and addictions services? o Overall	Findings are just starting to emerge from a living systematic review focused on COVID-19-related mental health burden, factors associated with mental health outcomes, and intervention effectiveness both in the general population and in vulnerable populations (AMSTAR rating 9/9)	Last updated 6 May 2020

Type of document	Relevance to question	Focus	Recency or status
	• What strategies are being used to address pandemic-related mental health and addictions issues		
	• Have health-system and economic and social responses to the COVID-19 pandemic affected the type and prevalence of those mental health and addictions issues that are likely to require a response from mental health and addictions services? o Overall • What strategies are being used to address pandemic-related mental health and addictions issues o By how health-system arrangements may need to be modified	Subsyndromal mental health concerns are in the COVID-19 outbreak for both the general public and healthcare workers, with depressive and anxiety symptoms being reported in 16–28% of people being screened, and this requires novel methods of consultation (e.g., online services) that can be helpful for these patients. (AMSTAR rating 2/9)	Published 31 March 2020 (search date not reported)
	• What strategies are being used to address pandemic-related mental health and addictions issues o By how health-system arrangements may need to be modified	Crisis planning for psychotic illness or bipolar disorder can be used to avoid hospital admissions during the pandemic (AMSTAR rating 8/10)	Literature last searched in October 2018
	• What strategies are being used to address pandemic-related mental health and addictions issues o By how health-system arrangements may need to be modified	No differences were found in the effect of therapy delivered over video conference instead of face-to-face, however the effectiveness may differ by severity and between first-time and returning patients	Literature last searched June 2013
	• What strategies are being used to address pandemic-related mental health and addictions issues? o By how health-system arrangements may need to be modified o By how economic and social responses may need to be adjusted specifically to address mental health and addictions issues	Evidence is very uncertain about whether video-call interventions can help reduce loneliness and depression, and improve quality of life among older adults during the COVID-19 pandemic	Literature last searched 7 April 2020

Type of document	Relevance to question	Focus	Recency or status
	• What strategies are being used to address pandemic-related mental health and addictions issues? o By how health-system arrangements may need to be modified	Low-quality evidence suggests that remotely delivered psychological therapies for pediatric and adolescent patients with pain are not effective, with the exception of evidence that headache severity may be reduced post-treatment but not at follow-up	Published 2 April 2019
	• What strategies are being used to address pandemic-related mental health and addictions issues? o By how health-system arrangements may need to be modified	Moderate-quality evidence suggests that personalized digital interventions for alcohol use are more effective than no intervention, and low-quality evidence suggests these interventions may be equally effective compared to face-to-face	Published 25 September 2017
	• What strategies are being used to address pandemic-related mental health and addictions issues? o By how health-system arrangements may need to be modified	Collection of reviews addressing the effectiveness of remote smoking-cessation supports including internet-based, phone-based, and print-based approaches	Updated 11 May 2020
Rapid reviews	• What strategies are being used to address pandemic-related mental health and addictions issues? o By how health-system arrangements may need to be modified	Mental health services should be adapted for those with existing mental health concerns by communicating information about the pandemic clearly to the public and adapting the services available, most easily through the use of technology, to meet the needs of the most vulnerable (e.g., those with existing mental health concerns) (AMSTAR 2/9)	Published on 3 May 2020
	• What strategies are being used to address pandemic-related mental health and addictions issues? o By how economic and social responses may need to be adjusted specifically to address mental health and addictions issues	While social prescribing has been disrupted by the COVID-19 pandemic, virtual connectivity (e.g., online singing groups, virtual reading group, social media), can be used to help people feel connected (AMSTAR rating 0/9)	Last updated 25 March 2020
	• What strategies are being used to address pandemic-related mental health and addictions issues? o By how health-system arrangements may need to be modified	Developing a safe supply of substances for those who use drugs might be a feasible strategy during the COVID-19 pandemic, however further research needs to be conducted to support decision-making on safe supply (e.g., substances, doses and delivery methods) as well as to determine the cost-	Literature last searched 1 April 2020

Type of document	Relevance to question	Focus	Recency or status
		effectiveness, safety, benefits, and long-term outcomes of such programs (AMSTAR rating 0/9)	
	• What strategies are being used to address pandemic-related mental health and addictions issues? o By how health-system arrangements may need to be modified	A small body of evidence suggests that non-technology based activities delivered at home by family carers may have some positive effects on cognition and mood for people with dementia who are socially isolating during COVID-19, and all activities should be tailored to meet the individual needs and preferences of people living with dementia in an engaging and enjoyable way (AMSTAR rating 0/9)	Last updated 7 May 2020
	• What strategies are being used to address pandemic-related mental health and addictions issues? o By how health-system arrangements may need to be modified	Guidance to reduce adverse impacts of people living with a mental health issue during the pandemic suggest the use of active screening programs and providing up-to-date and tailored information to mitigate risks (AMSTAR rating 3/9)	Search date 12 May 2020
	• What strategies are being used to address pandemic-related mental health and addictions issues? o By how health-system arrangements may need to be modified	Reinforcing the need for ambulatory care and the use of technology, facilitating access to treatments, and enhancing coordination between healthcare providers are among the recommendations to manage patients with psychiatric conditions in lock-down contexts	Updated on 23 April 2020
	• What strategies are being used to address pandemic-related mental health and addictions issues? o By how health-system arrangements may need to be modified	The literature recommends intensifying the health services for people with mental health issues during the COVID-19 pandemic, as well as having dedicated mental health services for people with COVID-19	Search date 20 April 2020
	• What strategies are being used to address pandemic-related mental health and addictions issues? o By how health-system arrangements may need to be modified	An increase in dependency on substances is expected throughout the pandemic, particularly among homeless or marginally housed individuals, but may be supported through the opening of emergency beds and accommodation, increased funding to community organizations, adapting the management of opioid addictions, teleconsultations, and the establishment of trauma-oriented training and practice for workers	Search date 20 April 2020

Type of document	Relevance to question	Focus	Recency or status
	• Have health-system and economic and social responses to the COVID-19 pandemic affected the type and prevalence of those mental health and addictions issues that are likely to require a response from mental health and addictions services? o Specifically where economic and social responses may have happened ▪ Financial protection • What strategies are being used to address pandemic-related mental health and addictions issues? o By how economic and social responses may need to be adjusted specifically to address mental health and addictions issues	Late or lack of financial assistance during the epidemic is a risk factor for anxiety, depression and in select cases post-traumatic stress disorder, however these may be mitigated by giving individuals greater amounts of information and ensuring that supports enable communication within an individual's social network (e.g., access to Wi-Fi)	Last update 27 February 2020
	• Have health-system and economic and social responses to the COVID-19 pandemic affected the type and prevalence of those mental health and addictions issues that are likely to require a response from mental health and addictions services? o Overall o Specifically, where economic and social responses may have happened • What strategies are being used to address pandemic-related mental health and addictions issues? o By how health-system arrangements may need to be modified o By how economic and social responses may need to be adjusted specifically to address mental health and addictions issues	Keeping liquor retail stores open as part of the pandemic response may lead to increased alcohol consumption and a rise in domestic violence, however risks of closing include involuntary withdrawal among those who use alcohol, and to respond to these risks governments should provide the investments and resources for public education about low-risk consumption	Literature last searched 1 April 2020

Type of document	Relevance to question	Focus	Recency or status
	• Have health-system and economic and social responses to the COVID-19 pandemic affected the type and prevalence of those mental health and addictions issues that are likely to require a response from mental health and addictions services? o Specifically as a result of health-system arrangements being altered ▪ Discontinued or reduced services that interrupted clinical management of other health concerns	The anxiety that could result from the pandemic can affect symptoms among people with Parkinson's disease	Updated on 20 April 2020
	• Have health-system and economic and social responses to the COVID-19 pandemic affected the type and prevalence of those mental health and addictions issues that are likely to require a response from mental health and addictions services? o Specifically as a result of health-system arrangements being altered • Discontinued or reduced services that interrupted clinical management of mental health and addiction concerns	No evidence was found to evaluate the effectiveness and safety of managed alcohol programs and the treatment of alcohol addiction in people with SARS or COVID-19	Search date 30 April 2020
	• What strategies are being used to address pandemic-related mental health and addictions issues? o By how health-system arrangements may need to be modified	Evaluating the effects of the pandemic, facilitating and enhancing communication and information with patients are among the recommendations made to orient the health services for people with intellectual disability or autism spectrum disorder during the reopening phase of the pandemic	Search date 20 April 2020
	• What strategies are being used to address pandemic-related mental health and addictions issues? o By how health-system arrangements may need to be modified	Recommendations for healthcare workers to support COVID-19-related anxiety includes regulation of exposure to media, keeping a strong social network, avoiding unhealthy strategies, and focus on self-care techniques	Published on 14 April 2020

Type of document	Relevance to question	Focus	Recency or status
	• What strategies are being used to address pandemic-related mental health and addictions issues? o By how economic and social responses may need to be adjusted specifically to address mental health and addictions issues	During the pandemic and the reopening phase, the social services for the protection of vulnerable children (including children with mental health issues) need to remain open, although some modifications will be needed	Search date 20 April 2020
Guidelines developed using some type of evidence synthesis and/or expert opinion	• Have health-system and economic and social responses to the COVID-19 pandemic affected the type and prevalence of those mental health and addictions issues that are likely to require a response from mental health and addictions services? o Specifically as a result of health-system arrangements being altered ▪ Discontinued or reduced services that interrupted clinical management of mental health and addiction concerns ▪ Discontinued or reduced supports for self-management • What strategies are being used to address pandemic-related mental health and addictions issues? o By how health-system arrangements may need to be modified o By how economic and social responses may need to be adjusted specifically to address mental health and addictions issues	People with dementia and related conditions as well as their relatives may be especially vulnerable during the COVID-19 pandemic given feelings of abandonment, depression and behavioural disturbances when family members cannot visit them, which require strategies tailored for patients in different settings (i.e., home, retirement home, hospitals) (Management Group of the EAN Dementia Panel)	Last updated 3 April 2020
	• Have health-system and economic and social responses to the COVID-19 pandemic affected the type and prevalence of those mental health and addictions issues that are likely to require a response from mental health and addictions services? o Specifically as a result of health-system arrangements being altered	People dependent on alcohol may feel higher levels of anxiety and may increase their use during the COVID-19 pandemic, so, wherever possible, contact should be continued with local alcohol and drug-treatment services for advice and support (Public Health England)	Last updated 7 May 2020

Type of document	Relevance to question	Focus	Recency or status
	▪ Discontinued or reduced Alcoholics Anonymous and other 12-step program supports ▪ Discontinued or reduced supports for self-management • What strategies are being used to address pandemic-related mental health and addictions issues? o By how health-system arrangements may need to be modified		
Protocols for reviews that are underway	• Have health-system and economic and social responses to the COVID-19 pandemic affected the type and prevalence of those mental health and addictions issues that are likely to require a response from mental health and addictions services o Overall o Specifically, as a result of health-system arrangements being altered • What strategies are being used to address pandemic-related mental health and addictions issues	Factors associated with changes in mental health as a result of COVID-19 and the effects of interventions on mental health symptoms	Review in progress
	• Have health-system and economic and social responses to the COVID-19 pandemic affected the type and prevalence of those mental health and addictions issues that are likely to require a response from mental health and addictions services? o Overall o Specifically as a result of health-system arrangements being altered ▪ Discontinued or reduced services that interrupted clinical management of mental health and addiction concerns	Changes in mental health service availability, access, and type; changes in mental health needs and coping during COVID-19 for people with mental health concerns; and adaptations or innovations in mental health service	Anticipated completion 31 May 2020

Type of document	Relevance to question	Focus	Recency or status
	▪ Discontinued or reduced supports for self-management ▪ Adjustments to care delivery that created barriers to access or participation (e.g., shifts to virtual service delivery, new procedures related to PPE, physical distancing, etc.) • What strategies are being used to address pandemic-related mental health and addictions issues? o By how health-system arrangements may need to be modified		
	• What strategies are being used to address pandemic-related mental health and addictions issues? o By how health-system arrangements may need to be modified	Adaptations made to mental health services during pandemics, epidemics, or local outbreaks	Anticipated completion 19 June 2020
	• Have health-system and economic and social responses to the COVID-19 pandemic affected the type and prevalence of those mental health and addictions issues that are likely to require a response from mental health and addictions services? o Specifically as a result of health-system arrangements being altered ▪ Discontinued or reduced services that interrupted clinical management of mental health and addiction concerns • What strategies are being used to address pandemic-related mental health and addictions issues? o By how health-system arrangements may need to be modified	COVID-19-related changes to the clinical management of mental health conditions, service disruptions and innovations, and impact on mental health service providers	Anticipated completion 30 June 2020

Type of document	Relevance to question	Focus	Recency or status
	• Have health-system and economic and social responses to the COVID-19 pandemic affected the type and prevalence of those mental health and addictions issues that are likely to require a response from mental health and addictions services? o Specifically as a result of health-system arrangements being altered ▪ Discontinued or reduced services that interrupted clinical management of mental health and addiction concerns	Impact of COVID-19 on suicidality, including effect of changes to clinical management or increased workload for crisis services	Anticipated completion 12 November 2020
	• What indicators can be used for monitoring pandemic-related mental health and addictions issues to inform responses from mental health and addictions services • What strategies are being used to address pandemic-related mental health and addictions issues o By how health-system arrangements may need to be modified	Effectiveness of digital interventions to prevent, detect and manage mental health issues among those with existing chronic diseases in the context of COVID-19	Review in progress
	• Have health-system and economic and social responses to the COVID-19 pandemic affected the type and prevalence of those mental health and addictions issues that are likely to require a response from mental health and addictions services o Overall o Specifically as a result of health-system arrangement ▪ Discontinued or reduced services that interrupted clinical management of other health concerns	Impact of COVID-19 pandemic on family (perinatal, paternal and children's) mental health	Review in progress

Type of document	Relevance to question	Focus	Recency or status
	• Have health-system and economic and social responses to the COVID-19 pandemic affected the type and prevalence of those mental health and addictions issues that are likely to require a response from mental health and addictions services? o Overall	Impact of COVID-19, public-health measures, and other policies on mental health of individuals with pre-existing mental health conditions	Review in progress
	• Have health-system and economic and social responses to the COVID-19 pandemic affected the type and prevalence of those mental health and addictions issues that are likely to require a response from mental health and addictions services? o Overall	Impact of COVID-19 including disruptions to formal and informal supports on mental health in impoverished urban communities	Anticipated completion 30 November 2020
	• What strategies are being used to address pandemic-related mental health and addictions issues? o By how health-system arrangements may need to be modified	The impact of COVID-19 and social inequalities on the mental health of the Afro-Caribbean communities in the U.K.	Anticipated completion 28 August 2020
	• What strategies are being used to address pandemic-related mental health and addictions issues? o By how health-system arrangements may need to be modified	Psychological impact of COVID-19 and mental healthcare strategies	Anticipated completion 30 July 2020
	• What strategies are being used to address pandemic-related mental health and addictions issues? o By how health-system arrangements may need to be modified	Impact of social isolation on perinatal mental health, and strategies for mitigation	Anticipated completion 30 June 2020
	• Have health-system and economic and social responses to the COVID-19 pandemic affected the type and prevalence of those mental health and addictions issues that are likely to require a	Media and scientific communication about the pandemic of COVID-19 and the repercussions on the population's mental health	Anticipated completion 31 October 2020

Type of document	Relevance to question	Focus	Recency or status
	response from mental health and addictions services? o Overall		
	• Have health-system and economic and social responses to the COVID-19 pandemic affected the type and prevalence of those mental health and addictions issues that are likely to require a response from mental health and addictions services? o Specifically where responses may have happened ▪ Children and youth services ▪ Education	Impacts of COVID-19 on psychological well-being of children and youth, along with factors associated with increased risk	Anticipated completion 30 June 2020
	• What strategies are being used to address pandemic-related mental health and addictions issues? o By how health-system arrangements may need to be modified	Prevalence, risk factors, and interventions for mental illness during COVID-19	Anticipated completion 30 June 2020
Titles/questions for reviews that are being planned	• Have health-system and economic and social responses to the COVID-19 pandemic affected the type and prevalence of those mental health and addictions issues that are likely to require a response from mental health and addictions services? o Specifically where economic and social responses may have happened ▪ Community and social services – discontinued or reduced access to social and practical support offered through community-service agencies	What is the impact of COVID-19 on mental health outcomes	Question in development
Single studies in areas where no reviews were identified*	• Have health-system and economic and social responses to the COVID-19 pandemic affected the type and prevalence of those mental health and addictions issues that are likely to require a	Perceived stress related to COVID-19 was positively associated with several coping strategies (self-distraction, denial, substance use, behavioural disengagement, venting, planning, religion and self-blame); well-being scores were positively associated	Published 4 May 2020

Type of document	Relevance to question	Focus	Recency or status
	response from mental health and addictions services? o Specifically as a result of health-system arrangements being altered ▪ Discontinued or reduced services that interrupted clinical management of other health concerns	with active coping, denial, use of emotional support, humour, and religion coping; and well-being scores were negatively correlated with self-blame	
	• Have health-system and economic and social responses to the COVID-19 pandemic affected the type and prevalence of those mental health and addictions issues that are likely to require a response from mental health and addictions services? o Specifically where economic and social responses may have happened ▪ Employment	Global estimates from modelling used to describe the non-linear connection between unemployment and suicide found that higher levels of worldwide unemployment (an increase from 4.936% to 5.644%) was associated with an increase of 9,570 deaths by suicide per year, and lower estimates of unemployment (an increase to 5.088%) was associated with an increase of 2,135 deaths by suicide per year	Published 1 May 2020
	• Have health-system and economic and social responses to the COVID-19 pandemic affected the type and prevalence of those mental health and addictions issues that are likely to require a response from mental health and addictions services? o Specifically where economic and social responses may have happened ▪ Employment	The Chinese workforce returning to work during the pandemic had a 10.8% rate of post-traumatic stress disorder, but low rates of other psychiatric diagnoses with no differences among types of workers; good personal and organizational 'psychoneuroimmunity' prevention measures were associated with lower psychiatric symptoms	Posted 23 April 2020 (preprint)
	• Have health-system and economic and social responses to the COVID-19 pandemic affected the type and prevalence of those mental health and addictions issues that are likely to require a response from mental health and addictions services? o Specifically where economic and social responses may have happened ▪ Children and youth services ▪ Education	During the COVID-19 outbreak, school-age children's ADHD symptoms were found to be significantly worse compared to normal state	Published 9 April 2020

Type of document	Relevance to question	Focus	Recency or status
	• What indicators can be used for monitoring pandemic-related mental health and addictions issues to inform responses from mental health and addictions services?	A survey of 308 working adults in 53 cities showed that distance to the epicentre of the outbreak in Wuhan had an inverted U-shaped relationship with burnout, which can be used to help identify regions where people may need more psychiatric assistance	Published 14 April 2020
	• What strategies are being used to address pandemic-related mental health and addictions issues? o By how health-system arrangements may need to be modified	Studies on previous outbreaks suggest that survivors of the disease experience an increased prevalence of post-traumatic stress disorder and depression, and that multidisciplinary mental health treatment teams should be established to deliver appropriate mental health care to affected persons, alongside governmental action to allow for secure electronic information-sharing platforms	Published 25 March 2020
	• Have health-system and economic and social responses to the COVID-19 pandemic affected the type and prevalence of those mental health and addictions issues that are likely to require a response from mental health and addictions services? o Overall o Specifically where economic and social responses may have happened ▪ Recreation – lack of access to recreation and physical activity options (or lack of access to the supports to enable participation)	Depression and anxiety among adolescents during COVID-19: A cross-sectional study	Posted 25 May 2020 (preprint)
	• Have health-system and economic and social responses to the COVID-19 pandemic affected the type and prevalence of those mental health and addictions issues that are likely to require a response from mental health and addictions services? o Overall	University students' mental health amidst the COVID-19 quarantine in Greece	Published 19 May 2020

Type of document	Relevance to question	Focus	Recency or status
	• Have health-system and economic and social responses to the COVID-19 pandemic affected the type and prevalence of those mental health and addictions issues that are likely to require a response from mental health and addictions services? o Overall	Prevalence and socio-demographic correlates of psychological health problems in Chinese adolescents during the outbreak of COVID-19	Published 13 May 2020
	• Have health-system and economic and social responses to the COVID-19 pandemic affected the type and prevalence of those mental health and addictions issues that are likely to require a response from mental health and addictions services? o Overall o Specifically where economic and social responses may have happened ▪ Employment	Anxiety and depression among general population in China at the peak of the COVID-19 epidemic	Published 11 May 2020
	• Have health-system and economic and social responses to the COVID-19 pandemic affected the type and prevalence of those mental health and addictions issues that are likely to require a response from mental health and addictions services? o Overall	Depression, dependence and prices of the COVID-19 crisis	Posted 29 April 2020 (preprint)
	• Have health-system and economic and social responses to the COVID-19 pandemic affected the type and prevalence of those mental health and addictions issues that are likely to require a response from mental health and addictions services? o Overall o Specifically where economic and social responses may have happened ▪ Employment	The distress of Iranian adults during the COVID-19 pandemic: More distressed than the Chinese and with different predictors	Posted 29 April 2020 (preprint)

Type of document	Relevance to question	Focus	Recency or status
	• Have health-system and economic and social responses to the COVID-19 pandemic affected the type and prevalence of those mental health and addictions issues that are likely to require a response from mental health and addictions services? o Overall	The psychological impact of the COVID-19 epidemic on college students in China	Published 20 March 2020
	• Have health-system and economic and social responses to the COVID-19 pandemic affected the type and prevalence of those mental health and addictions issues that are likely to require a response from mental health and addictions services? o Specifically as a result of health-system arrangements being altered ▪ Discontinued or reduced services that interrupted clinical management of other health concerns o Specifically where economic and social responses may have happened ▪ Recreation	Mental health, physical activity and quality of life in Parkinson's disease during COVID-19 pandemic	Published 19 May 2020
	• Have health-system and economic and social responses to the COVID-19 pandemic affected the type and prevalence of those mental health and addictions issues that are likely to require a response from mental health and addictions services? o Specifically as a result of health-system arrangements being altered ▪ Discontinued or reduced services that interrupted clinical management of other health concerns	A survey on physical and mental distress among cancer patients during the COVID-19 epidemic in Wuhan, China	Posted 14 May 2020 (pre-print)
	• Have health-system and economic and social responses to the COVID-19 pandemic affected	Incidence of anxiety in Parkinson's disease during coronavirus disease (COVID-19) pandemic	Published 12 May 2020

Type of document	Relevance to question	Focus	Recency or status
	the type and prevalence of those mental health and addictions issues that are likely to require a response from mental health and addictions services? o Specifically as a result of health-system arrangements being altered ▪ Discontinued or reduced services that interrupted clinical management of other health concerns		
	• Have health-system and economic and social responses to the COVID-19 pandemic affected the type and prevalence of those mental health and addictions issues that are likely to require a response from mental health and addictions services? o Specifically where economic and social responses may have happened ▪ Transportation	Mental health response to the COVID-19 outbreak in China	Published 7 May 2020
	• What strategies are being used to address pandemic-related mental health and addictions issues? o By how health-system arrangements may need to be modified	Impact of home quarantine on physical activity among older adults living at home during the COVID-19 pandemic: Qualitative interview study	Published 7 May 2020
	• Have health-system and economic and social responses to the COVID-19 pandemic affected the type and prevalence of those mental health and addictions issues that are likely to require a response from mental health and addictions services? o Specifically where economic and social responses may have happened ▪ Employment	Depression and anxiety in Hong Kong during COVID-19	Published 25 May 2020

Type of document	Relevance to question	Focus	Recency or status
	• What strategies are being used to address pandemic-related mental health and addictions issues? o By how economic and social responses may need to be adjusted specifically to address mental health and addictions issues	Mental health problems during the COVID-19 pandemics and the mitigation effects of exercise: A longitudinal study of college students in China	Published 25 May 2020

*Note that given the number identified, declarative headings are not provided for single studies that were deemed to be of moderate or low relevance.

Appendix 3: Abstracts for highly relevant documents

Type of document	Abstract
Full systematic reviews	Subsyndromal mental health concerns are in the COVID-19 outbreak for both the general public and healthcare workers, with depressive and anxiety symptoms being reported in 16–28% of people being screened, and this requires novel methods of consultation (e.g., online services) that can be helpful for these patients. Abstract The COVID-19 pandemic is a major health crisis affecting several nations, with over 720,000 cases and 33,000 confirmed deaths reported to date. Such widespread outbreaks are associated with adverse mental health consequences. Keeping this in mind, existing literature on the COVID-19 outbreak pertinent to mental health was retrieved via a literature search of the PubMed database. Published articles were classified according to their overall themes and summarized. Preliminary evidence suggests that symptoms of anxiety and depression (16–28%) and self-reported stress (8%) are common psychological reactions to the COVID-19 pandemic, and may be associated with disturbed sleep. A number of individual and structural variables moderate this risk. In planning services for such populations, both the needs of the concerned people and the necessary preventive guidelines must be taken into account. The available literature has emerged from only a few of the affected countries, and may not reflect the experience of persons living in other parts of the world. In conclusion, subsyndromal mental health problems are a common response to the COVID-19 pandemic. There is a need for more representative research from other affected countries particularly in vulnerable populations.
	Crisis planning for psychotic illness or bipolar disorder can be used to avoid hospital admissions during the pandemic Abstract Background: Mental health services lack a strong evidence base on the most effective interventions to reduce compulsory admissions. However, some research suggests a positive impact of crisis-planning interventions in which patients are involved in planning for their future care during a mental health crisis. Aims: This review aimed to synthesise randomised controlled trial (RCT) evidence on the effectiveness of crisis-planning interventions (for example advance statements and joint crisis plans) in reducing rates of compulsory hospital admissions for people with psychotic illness or bipolar disorder, compared with usual care (PROSPERO registration number: CRD42018084808). Method: Six online databases were searched in October 2018. The primary outcome was compulsory psychiatric admissions and secondary outcomes included other psychiatric admissions, therapeutic alliance, perceived coercion and cost-effectiveness. Bias was assessed using the Cochrane collaboration tool. Results: The search identified 1428 studies and 5 RCTs were eligible. One study had high risk of bias because of incomplete primary outcome data. Random-effects meta-analysis showed a 25% reduction in compulsory admissions for those receiving crisis-planning interventions compared with usual care (risk ratio 0.75, 95% CI 0.61–0.93, $P = 0.008$; from five studies). There was no statistical evidence that the intervention reduced the risk of voluntary or combined voluntary and compulsory psychiatric admissions. Few studies assessed other secondary outcomes.

	Conclusions Our meta-analysis suggests that crisis-planning interventions substantially reduce the risk of compulsory admissions among individuals with psychotic illness or bipolar disorder. Despite common components, interventions varied in their content and intensity across the trials. The optimal models and implementation of these interventions require further investigation.
Rapid reviews	Mental health services should be adapted for those with existing mental health concerns by communicating information about the pandemic clearly to the public and adapting the services available, most easily through the use of technology, to meet the needs of the most vulnerable (e.g., those with existing mental health concerns) Abstract Based on the literature available at the time of writing, and while taking into account the limits of the census method used, INESSS is able to draw the following conclusions: • The harmful effects of the pandemic on mental health are numerous and can last over time. The intensity of these effects will be affected by certain individual characteristics, but also by the way in which public authorities react to the situation. • It is important to consider that certain populations, including people who already have a mental-health condition, are more vulnerable. In this sense, measures must be developed to meet their specific psychosocial needs during and after the crisis. • Several measures can be deployed by the government, health organizations and the general population in order to counter the harmful effects of the pandemic on mental health. The literature consulted converges on the importance, in a pandemic context, of 1) communicating information effectively to the population, 2) adapting psychosocial services according to the needs of the population and the most vulnerable groups, and 3) ensuring access to a set of mental-health services adapted to their needs. • Technology should be favored to promote the psychological well-being of the population or to offer interventions aimed at countering the harmful effects of the pandemic on mental health. • It is important to support autonomy of individuals and to build on the mutual aid and solidarity within communities. • It is documented that a pandemic context can promote increased social cohesion, family support and attention to one's own mental health.
	While social prescribing has been disrupted by the COVID-19 pandemic, virtual connectivity (e.g., online singing groups, virtual reading group, social media), can be used to help people feel connected Abstract Although there is limited evidence on how social prescribing can be best implemented within the current COVID-19 pandemic, there are an increasing array of anecdotal accounts that suggest the importance of maintaining community connectedness during this time.
	Developing a safe supply of substances for those who use drugs might be a feasible strategy during the COVID-19 pandemic, however further research needs to be conducted to support decision-making on safe supply (e.g,. substances, doses and delivery methods) as well as to determine the cost-effectiveness, safety, benefits, and long-term outcomes of such programs

	Abstract • Safe supply is an approach that focuses on saving lives by prescribing pharmaceutical grade substances such as opioids and stimulants to individuals at risk of overdose and does not include substitution or opioid agonist treatments, such as methadone, buprenorphine/suboxone, or slow release oral morphine, as these therapies do not contain the mind/body altering properties that people seek in recreational drugs. • Safe supply initiatives have begun in Canadian cities including Toronto, London and Ottawa without any overdose related deaths, and Vancouver has begun a pilot program that dispenses prescribed hydromorphone (Dilaudid) tablets. • We found no peer-reviewed literature regarding the potential benefits or harms of safe supply programs. However, we did find some evidence related to substitution treatments. Clinical trials that compared slow release oral morphine to methadone found that those in the slow release oral morphine group had: fewer heroin cravings, a statistically significant improvement in mental symptoms and treatment satisfaction, and similar retention rates and safety outcomes as the methadone treatment group. • Canadian clinical trials have found that among severe opioid dependent users, injectable diacetylmorphine (pharmaceutical heroin) was more effective in retaining participants and reducing rates of illicit drug use or other illegal activity than methadone. Hydromorphone is as effective as diacetylmorphine for subgroups of individuals with severe opioid use disorder, indicating that these treatments may be effective for patients who are resistant to or unsuccessful with other types of treatment. • There is a call for efforts to address safe supply needs through pharmacological stimulant-based interventions that provide larger doses with greater frequency with methylphenidate and extended-release amphetamines as potential treatment candidates.
	A small body of evidence suggests that non-technology based activities delivered at home by family carers may have some positive effects on cognition and mood for people with dementia who are socially isolating during COVID-19, and all activities should be tailored to meet the individual needs and preferences of people living with dementia in an engaging and enjoyable way Abstract • There is a small body of evidence to suggest that activities delivered at home by family carers may have some positive effects on cognition (and mood) • All activities should be tailored to meet the individual needs and preferences of people with dementia, in order to ensure all activities are engaging and enjoyable
	Guidance to reduce adverse impacts of people living with a mental health issue during the pandemic suggest the use of active screening programs and providing up-to-date and tailored information to mitigate risks Abstract • Extensive evidence shows premature mortality and significant morbidity for people living with severe mental health issues, compared to the general population. They are six times more likely to die from cardiovascular disease and four

	times more likely to die from respiratory disease. Health issues are exacerbated by homelessness and other social determinants. • Expert opinion is that COVID-19 will adversely and disproportionately impact people with a lived experience of mental health issues, and if infected, they will have poorer outcomes. • Several factors are considered to increase the risk of COVID-19 infection, mortality and mental health symptom relapse, including: o Person-related factors such as existing poor physical health and difficulty following strict quarantine precautions. o Provider-level factors such as structural design of facilities, communal spaces for in-patient activities, long lengths of stay in mental health facilities and infection control practices. o System-level factors such as limited access to community care either virtually or in-person, risk of interrupting medications and public health interventions that raise psychological distress. • The peak advocacy body for mental health consumers in NSW (BEING) conducted consultations at the onset of COVID-19. It recommended a clear mental health plan for NSW, with provisions for people in inpatient units to access leave and to host visitors; and activities focused on web-based communication and skill-building strategies. • Several clustered outbreaks have been described in the US and China. One study reported COVID-19 transmission to 50 patients and 30 medical staff in a mental health facility in China. The authors suggest that closed and crowded wards and limited space in which to implement social distancing measures were contributing factors in the outbreak. • A case-control study showed the psychological distress of people living with severe mental health issues one-month post mass quarantine during COVID-19 when compared to the general population. • Evidence from previous pandemics supports the use of active screening programs, tailored to characteristics of the disease and causative organism. • A recent viewpoint in JAMA Psychiatry suggests providing up-to-date information on mitigating risk and seeking treatment. It highlights the importance of consumer-focused materials addressing health literacy and the challenges of implementing distancing measures in unstable living conditions. • The UK's Royal College of Psychiatrists released guidance that aims to prevent increases in the use of restrictive practices during COVID-19.
	The literature recommends intensifying the health services for people with mental health issues during the COVID-19 pandemic, as well as having dedicated mental health services for people with COVID-19 Abstract Based on the literature available at the time of writing, and despite the uncertainty existing in this literature, INESSS highlights the following observations: • Recent work by INESSS and several organizations has highlighted the fact that the pandemic will generate new demands for psychosocial and mental-health services among the general population and among healthcare personnel. • Although in most cases the problems will be transient, there is some evidence that the COVID-19 pandemic is likely to have severe and lasting effects on the mental health of some individuals. In fact, researchers have observed an increase in people with psychotic symptoms when they had no known psychiatric history before the pandemic.

	• An increase in symptoms and psychotic episodes in people with pre-existing mental disorders has been observed, leading to an increase in psychiatric hospitalizations. The literature reviewed recommends intensifying services for this clientele during the recovery phase, in particular by: o psychological education on the precautions to take to preserve mental and physical health; o online interventions guided by a therapist alternating with face-to-face treatments; o online services to make changes to pharmacological treatments, follow up with patients living in the community and communicate with their caregivers or other people around them. • Data collected from people infected with COVID-19 indicates that the vast majority of them are likely to present clinically significant post-traumatic stress reactions. In addition, atypical neurological and neuropsychiatric presentations would be expected as well as neurocognitive complications mainly in the elderly. • The literature reviewed recommends setting up a range of services specifically dedicated to people infected with COVID-19, including support and remote monitoring; cognitive behavioral therapy and trauma-focused therapies, as well as interventions to address the stigma experienced by those infected, their families and caregivers. • The magnitude of short and long-term service needs for people infected with COVID-19 and people with pre-existing mental disorders, as well as their families and caregivers, following the current pandemic is not yet known for Quebec. This justifies the importance of monitoring the psychological state of these people during the recovery phase. • Ultimately, distance mental health services and those using innovative technologies benefit from being maintained, intensified and deployed during the recovery phase and after the pandemic, in order to promote access to services. The gradual resumption of psychosocial and mental health services relieved during the pandemic crisis will have to be reviewed and adjusted according to existing and emerging needs. • Finally, the lessons learned during previous influenza pandemics highlight the following: o the importance of integrating mental health needs into pandemic planning and response; o the importance of adapting public health messages to the varied capacities of people with a mental health disorder; o the need to prepare the population for the arrival of future treatments and vaccines to promote acceptance; o the obligation to respect the principles of equity while prioritizing people with a mental health disorder who are served in the community, those under legal care authorization, as well as family caregivers and members of teams working with these people, when a vaccine is made available.
	An increase in dependency on substances is expected throughout the pandemic, particularly among homeless or marginally housed individuals, but may be supported through the opening of emergency beds and accommodation, increased funding to community organizations, adapting the management of opioid addictions, teleconsultations, and the establishment of trauma-oriented training and practice for workers Abstract Based on the literature available at the time of writing, and despite the uncertainty existing in this literature and in the approach used, INESSS highlights the following observations: • An increase in the care needs of people with dependency problems or homelessness is to be expected, as well as an increase in dependency problems and the number of homeless people in the population in general.

	• Several creative and effective initiatives put in place during pandemics by communities and governments to better meet the needs of people with dependency and homelessness problems would benefit from being maintained during the short recovery phase, and in the long term, including: the development of a range of remote services and mobile clinics, the opening of emergency beds and accommodation, the increase in funding to community organizations, the adaptation of care addictions to opioids, the development of effective intersectoral or interdisciplinary collaborations, the implementation of trauma-oriented training and practices for workers, community resources and care providers called upon to intervene with these populations. • The reopening of the following services, as soon as public-health conditions allow it, has been identified as a priority: supervised injection centers, food banks, support groups and other harm-reduction resources. • Full integration of technology-based programs and services used during the pandemic, including teleconsultation, is considered an avenue for the future. Conducting a retrospective analysis of the COVID-19 pandemic and updating emergency and civil protection plans is recommended in order to respond more effectively to the specific needs of people affected by addiction and homelessness in future pandemics.
Single studies in areas where no reviews were identified	Perceived stress related to COVID-19 was positively associated with several coping strategies (self-distraction, denial, substance use, behavioural disengagement, venting, planning, religion and self-blame); well-being scores were positively associated with active coping, denial, use of emotional support, humour, and religion coping; and well-being scores were negatively correlated with self-blame Abstract Purpose/Objective: This study aimed to describe the perceived stress levels and coping mechanisms related to COVID-19, and whether coping is related to well-being in people with self-reported chronic conditions and disabilities. Research Method/Design: A cross-sectional survey design was implemented. The total number of participants were 269 individuals with self-reported disabilities and chronic conditions (M_{age} = 39.37, SD_{age} = 12.18). We examined the relationship between perceived stress and coping strategies related to COVID-19, and which COVID-19 coping strategies were associated with well-being after controlling for demographic and psychological characteristics. Results: Correlation analyses demonstrated that perceived stress related to COVID-19 was positively associated with coping strategies including self-distraction, denial, substance use, behavioral disengagement, venting, planning, religion, and self-blame. Further, hierarchical regression results demonstrated that active coping, denial, use of emotional support, humor, religion, and self-blame were associated with participants' well-being after controlling for demographic and psychological characteristics. Conclusions/Implications: This exploratory study findings suggest that measuring and quantifying COVID-19 related stress and coping strategies in individuals with chronic conditions and disabilities can help clinicians and researchers understand potential effects of COVID-19 among people with chronic conditions and disabilities.
	The Chinese workforce returning to work during the pandemic had a 10.8% rate of post-traumatic stress disorder, but low rates of other psychiatric diagnoses with no differences among types of workers; good personal and organizational 'psychoneuroimmunity' prevention measures were associated with lower psychiatric symptoms

	Abstract This study aimed to quantify the immediate psychological effects and psychoneuroimmunity prevention measures of a workforce returning to work during the COVID-19 epidemic. Workforce returning to work was invited to complete an online questionnaire regarding their attitude toward the COVID-19 epidemic and return-to-work along with psychological parameters including the Impact of Event Scale-Revised, Depression, Anxiety, Stress Scale- 21 (DASS-21) and Insomnia Severity Index (ISI). Psychoneuroimmunity prevention measures include precautions at personal and organization levels. From 673 valid questionnaires, we found that 10.8% of respondents met the diagnosis of post-traumatic stress disorder (PTSD) after returning to work. The respondents reported a low prevalence of anxiety (3.8%), depression (3.7%), stress (1.5%) and insomnia (2.3%). There were no significant differences in the severity of psychiatric symptoms between workers/technicians and executives/managers. >95% reported psychoneuroimmunity prevention measures including good ventilation in the workplace and wore a face mask as protective. Factors that were associated with the severity of psychiatric symptoms in the workforce were marital status, presence of physical symptom, poor physical health and viewing return to work as a health hazard ($p < 0.05$). In contrast, personal psychoneuroimmunity prevention measures including hand hygiene and wearing face masks as well as organizational measures including significant improvement of workplace hygiene and concerns from the company were associated with less severe psychiatric symptoms ($p < 0.05$). Contrary to expectations, returning to work had not caused a high level of psychiatric symptoms in the workforce. The low prevalence of psychiatric symptoms could be due to confidence instilled by psychoneuroimmunity prevention measures before the resumption of work. Our findings would provide information for other countries during the COVID-19 pandemic.
	A survey of 308 working adults in 53 cities showed that distance to the epicentre of the outbreak in Wuhan had an inverted U-shaped relationship with burnout, which can be used to help identify regions where people may need more psychiatric assistance Abstract Covid-19 originated in Wuhan and rippled across China. We investigate how the geographical distance of working adults to the epicenter of Wuhan predicts their burnout - emotional, physical and mental exhaustion due to excessive and prolonged stress. Preliminary results of a survey of 308 working adults in 53 cities showed working adults' distance to the epicenter of Wuhan had an inverted U-shaped relationship with their burnout. Such results help to identify regions where people may need more psychiatric assistance, with direct implications for healthcare practitioners and policymakers.
	Studies on previous outbreaks suggest that survivors of the disease experience an increased prevalence of post-traumatic stress disorder and depression, and that multidisciplinary mental health treatment teams should be established to deliver appropriate mental health care to affected persons, alongside governmental action to allow for secure electronic information-sharing platforms Abstract The 2019 novel coronavirus (COVID-19) has gained global attention after it originated from China at the end of 2019, and later turned into pandemic as it affected about 118,000 in 114 countries by March 11, 2020. By March 13, 2020, it

	was declared a national emergency in the United States as the number of COVID-19 cases, and the death toll rose exponentially. To contain the spread of the disease, the world scientist community came together. However, the unpreparedness of the nations, even with the advanced medical sciences and resources, has failed to address the mental health aspect amongst the public, as all efforts are focused on understanding the epidemiology, clinical features, transmission patterns, and management of COVID-19 pneumonia. Our efforts in this review are to evaluate and study similar outbreaks from the past to understand its adverse impact on mental health, implement adequate steps to tackle and provide a background to physicians and healthcare workers at the time of such outbreaks to apply psychological first aid.

Appendix 4: Documents excluded at the final stages of reviewing

Type of document	Focus
Guidelines developed using a robust process (e.g., GRADE)	None identified
Full systematic reviews	Video calls reducing social isolation and loneliness in older people The psychological impact of quarantine and how to reduce it
Rapid reviews	The impact of social isolation and loneliness on the mental health of children and adolescents in the context of COVID-19
Guidelines developed using some type of evidence synthesis and/or expert opinion	None identified
Protocols for reviews that are underway	Consequences of social isolation and lockdown restrictions during COVID-19 pandemic on perinatal mental health and mitigation interventions
Titles/questions for reviews that are being planned	None identified
Single studies in areas where no reviews were identified	Flattening the mental health curve: COVID-19 stay-at-home orders are associated with alternatives in mental health search behaviour in the United States Mental health, risk factors, and social media use during the COVID-19 epidemic and cordon sanitaire among the community and health professionals in Wuhan, China A longitudinal study on the mental health of general population during the COVID-19 epidemic in China COVID-19 pandemic and beyond: Considerations and costs of telehealth exercise programs for older adults with functional impairments living at home Mental health problems and social media exposure during COVID-19 outbreak Clinical analysis of suspected COVID-19 patients with anxiety and depression A nationwide survey of psychological distress among Chinese people in the COVID-19 epidemic: implications and policy recommendations COVID-19 fear in eastern Europe: Validation of the fear of COVID-19 scale Mental health status and its influencing factors among college students during the epidemic of COVID-19

Type of document	Focus
	Coronavirus anxiety scale: A brief mental health screener for COVID-19 related anxiety "We Are Staying at Home." Association of self-perceptions of aging, personal and family resources, and loneliness with psychological distress during the lock-down period of COVID-19 Comparison of prevalence and associated factors of anxiety and depression among people affected by versus people unaffected by quarantine during the COVID-19 epidemic in southwestern China Exposure to coronavirus news on mainstream media: The role of risk perceptions and depression Psychological outcomes associated with stay-at-home orders and the perceived impact of COVID-19 on daily life Social isolation as a means of reducing dysfunctional coronavirus anxiety and increasing psychoneuroimmunity The more exposure to media information about COVID-19, the more distressed you will feel Years of life lost due to the psychosocial consequences of COVID-19 mitigation strategies based on Swiss data Uptrend in distress and psychiatric symptomatology in pregnant women during the coronavirus disease 2019 pandemic Effects of the COVID-19 pandemic on anxiety and depressive symptoms in pregnant women Psychological distress and coping styles in the early stages of the 2019 coronavirus disease epidemic in the general mainland Chinese population Mental health consequences during the initial stage of the 2020 coronavirus pandemic Impact of the COVID-19 pandemic on mental health and quality of life among local residents in Liaoning Province, China Levels of predictors of anxiety, depression and health anxiety during COVID-19 pandemic in Turkish society The effect of COVID-19 on youth mental health The impact of the Corona Virus Disease 2019 outbreak on Chinese residents' mental health A nationwide survey of psychological distress among Italian people during the COVID-19 pandemic

Type of document	Focus
	Assessing the anxiety level of Iranian general population during COVID-19 outbreak A longitudinal study on the mental health of general population during the COVID-19 epidemic in China