

Need of Equity in Virtual Mental Health in Canada in the Times of COVID-19

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Abstract. We have conducted a systematic review on the use of virtual care for mental health purposes in Canada during COVID-19. Our review shows that existing infrastructures in Canada need to be adapted for eMental Health services to be offered proactively to the population. Equity is key for successful implementation.

Keywords. Mental Health, virtual, pandemic, COVID-19, support, eHealth, technology, health informatics, Canada, VR, coronavirus, lockdown

1. Introduction

The use of Virtual Care and eHealth has been rising significantly since the beginning of the pandemic to prevent unnecessary contact as well as lowering COVID-19 cases. Moreover, there are various concerns regarding lockdown effects on population mental and social well-being. This paper investigates the effectiveness of Virtual Mental Health eHealth tools during COVID-19 measures as experienced in Canada [1].

2. Methods

We performed a systematic review and searched the following databases: Medline, PubMed, Google Scholar. The key search terms used include mental health, covid and Canada. English-language articles published since 2019 that described online were included in the review. Sixty eight studies were identified studies, only three were related to eHealth or Virtual Care in Mental Health and hence were included in the study [2-4].

3. Results

Current mental health system infrastructure in Canada is not adapted to scale up service for a whole population, or to support population health in a public health intervention that support the population proactively [2]. The use of asynchronous virtual mental health resources was incredibly low (2%) among the general population in Canada in the first 3 months following the COVID-19 pandemic [5]. A low level of use (2.8%) was

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observed in the subgroup of participants who reported an adverse mental health impact related to COVID-19 [5]. Even though certain groups (e.g., engaged in self-harm behavior, experienced suicidal thoughts, and struggled to cope) were more likely to utilize these resources, uptake of these resources remained low [5]. Finally, challenges related to access to available resources include ability to access, cost, and connectivity.

4. Discussion

Considering equity when developing informatics solutions including virtual care [6] is important. Particularly, minorities and BIPOC (Black Indigenous, and People of Color) communities experience high mental health challenges [7, 8]. Providing equitable access to virtual mental health services with measurable indicators [9] becomes paramount.

5. Conclusions

Uptake for virtual mental health in Canada is low. Existing infrastructure needs to be adapted for adequate eMental Health services to be offered proactively to the general population. Health Equity should be considered when implementing such solutions.

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