MENTAL HEALTH AND COVID-19 IN SASKATCHEWAN

RESEARCH BRIEF

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1. INTRODUCTION

1.1 Context

The global COVID-19 pandemic has caused extraordinary disruptions to all aspects of human lives, including profound impacts on mental health. These impacts—directly associated with the virus and, indirectly, by measures taken to combat the virus—are of urgent and ongoing concern. To understand the scope and nature of COVID-19’s impact on mental health, we need better data. Specifically, in addition to clinical and case examples, we need population-level data, preferably collected throughout the pandemic. This report presents results from a population-based survey conducted by Pollara Strategic Insights—on behalf of Mental Health Research Canada (MHRC), supported by the Saskatchewan Health Research Foundation (SHRF), and analysed by researchers at the Saskatchewan Population Health and Evaluation Research Unit (SPHERU)—six months into COVID-19 in Saskatchewan.

1.2 Trends in Canada

Since the pandemic began, Canadians’ self-reported anxiety levels have increased four-fold and depression levels have doubled. Those reporting lower adherence to COVID-19 regulations showed higher levels of anxiety and depression as compared to Canadians reporting positive adherence. In comparison to before the pandemic, fewer Canadians are accessing mental health supports and services, despite some indicating they needed them (1).

1.3 Trends in Saskatchewan

Since COVID-19, one in five Saskatchewan respondents reported experiencing high anxiety and one in six reported experiencing high depression. 48% of those who indicated they were experiencing high anxiety or high depression were deemed 'likely to have a severe mental disorder' using the Kessler Psychological Distress Scale. Only 18% reported receiving mental health support. 10% reported they needed mental health support but did not access any support. From a list of 18 specific disruptions assessed, the most common reason picked for negative mental health was the possibility of self or a family member catching COVID-19 (i.e. personal or family vulnerability).

(1) Mental Health Research Canada. (2020). Available at https://static1.squarespace.com/static/5f31a311d93d0f2e28aa0f04a1/5fb547325fd88c0dfc87360/1605715765135/MHRC+Covid+Poll+3+Presentation+-+Public+Release+Final.pdf
2. METHODOLOGY

2.1 How was this survey conducted?
This is the second of a series of national surveys of Canadians on mental health during COVID-19 sponsored by Mental Health Research Canada (MHRC). Pollara Strategic Insights polling firm conducted the online survey amongst a sample of 4,010 adult (18 years and older) Canadians between August 21 and 31, 2020. For this report, a subset of data collected from 576 Saskatchewan residents was sponsored by the Saskatchewan Health Research Foundation (SHRF) and analyzed by researchers from the Saskatchewan Population Health and Evaluation Research Unit (SPHERU).

2.2 Weighting
These results have been “weighted” by the most current census data (2016) in terms of gender, age, and region to ensure the total sample is representative of the population. The margin of error of our estimates is ±4.1%, meaning the percentage estimates reported will fall within 4.1% (higher or lower) of the true value, 19 times out of 20.

Figure 1. Saskatchewan respondents experiencing severe anxiety and depression since COVID, by region
3. ANXIETY AND DEPRESSION SINCE COVID-19

3.1 Since COVID-19, anxiety and depression in Saskatchewan adults have increased and remain high.

- 20% of Saskatchewan respondents (1 in 5) said they experienced ‘high’ levels of anxiety since COVID, compared to 7.6% before COVID—a 163% increase (more than double). 15.1% (1 in 7) said they have experienced a ‘high’ level of depression since COVID, compared to 7.4% before, a 104% increase (doubled).

- Respondents experiencing anxiety during the first 6 months of COVID are likely to be: younger (28.8% in 18-34 age group vs 12.5% in 55+ years) or women (22.5% vs. 17.1% men). Respondents with depression are also likely to be younger (18-34 22.6% vs 55+ years 7.5%), or male (17.6% vs. 12.9% women).

- There are regional differences in numbers of Saskatchewanians who experienced ‘high’ anxiety or depression (see Figure 1 on the previous page). 1 in 5 respondents from Regina, Saskatoon, and the Northern region experienced ‘high’ anxiety compared to 1 in 10 from Central and Southern regions. Almost 1 in 5 respondents from the Northern region of Saskatchewan experienced ‘high’ depression compared to 1 in 10 from Central and Southern regions.

3.2 Some Saskatchewanians experience serious psychological distress.

When asked if COVID-19 and control measures were to continue for the next 2 months, almost half of those Saskatchewan respondents (48%) who report high levels of anxiety and/or depression are likely to be described as having severe psychological distress (using the Kessler Psychological Distress Scale).

3.3 Disruptions in personal relationships, financial matters, and entertainment choices are having a negative impact.

- 10% to 15% of Saskatchewanians who responded indicate that COVID-related disruptions in their personal relationships, financial hits, and even limited entertainment choices have had a negative impact on their mental health. The number of respondents in Saskatchewan indicating negative impact is comparable to those in the rest of the Canadians, who indicated the same impacts.

- 33% of Saskatchewan respondents indicated fear of catching the virus has a negative impact on mental health. The concern increases when it is about family, with 41% reporting their fear of family member catching the virus has a negative impact on their mental health.
3. ANXIETY AND DEPRESSION SINCE COVID-19, cont.

3.4 Most Saskatchewan adults follow government and public health regulations.

78% of Saskatchewan respondents indicate they are following government and public health regulations implemented to limit the spread of the virus. The comparable percentage for the rest of Canadians is 83%.

3.5 More than half of Saskatchewan respondents report their ability to recover is good to excellent.

56% of respondents said their ability to recover from the pandemic is ‘good’ or ‘excellent’. The older the respondent, the greater the likelihood they are confident in recovery: 46% amongst Saskatchewanians 55 years and older, 30% in those 36-54 years, and 24% in those 18-34 years.

Figure 2. Correlates of mental health during COVID-19 in Saskatchewan

<table>
<thead>
<tr>
<th>Moderate anxiety/depression (5-7)</th>
<th>Variables</th>
<th>High anxiety/depression (8-10)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reference: low (0-4)</td>
<td></td>
<td>Reference: low (0-4)</td>
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<tr>
<td>Odds Ratio, 95% CI</td>
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<td>Odds Ratio, 95% CI</td>
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<td></td>
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<tr>
<td>(2.73, 1.29-5.76)</td>
<td>Retired/Student</td>
<td>(0.27, 0.11-0.65)</td>
</tr>
<tr>
<td></td>
<td>Living alone vs Others</td>
<td>(2.84, 1.21-6.67)</td>
</tr>
<tr>
<td>(4.91, 1.93-12.50)</td>
<td>Regina vs South</td>
<td>(3.08, 1.16-8.22)</td>
</tr>
<tr>
<td></td>
<td>North vs South</td>
<td>(3.03, 1.01-9.12)</td>
</tr>
<tr>
<td>(2.94, 1.15-7.56)</td>
<td>Born outside Canada vs not born outside</td>
<td>(2.13, 1.04-4.37)</td>
</tr>
<tr>
<td></td>
<td>Increase vs about the same drug use</td>
<td>(0.27, 0.08-0.90)</td>
</tr>
<tr>
<td>(2.43, 1.23-4.80)</td>
<td>Increase vs about the same household conflict</td>
<td>(9.54, 3.41-26.67)</td>
</tr>
<tr>
<td>(0.51, 0.28-0.94)</td>
<td>Decrease vs about the same household conflict</td>
<td></td>
</tr>
<tr>
<td>14 12 10 8 6 4 2 0</td>
<td>No vs yes pre-COVID-19 anxiety/depression in a family member</td>
<td>(4.26, 1.62-11.21)</td>
</tr>
<tr>
<td>14 12 10 8 6 4 2 0</td>
<td>High vs moderate compliance with government regulations</td>
<td>(2.29, 1.03-5.10)</td>
</tr>
<tr>
<td>14 12 10 8 6 4 2 0</td>
<td>Needed, did not receive mental health support vs did not need and did not receive</td>
<td>(13.26, 2.36-74.49)</td>
</tr>
<tr>
<td>14 12 10 8 6 4 2 0</td>
<td>Good/excellent vs about same ability to recover</td>
<td></td>
</tr>
</tbody>
</table>
4. WHO IS MORE LIKELY TO REPORT HIGH ANXIETY AND DEPRESSION?*

*See Figure 2: Correlates of mental health during COVID-19 in Saskatchewan (previous page)

4.1 Saskatchewan respondents who reported experiencing ‘high’ level of anxiety/depression since COVID-19 were more likely to be those who:

- live alone (2.8 times more likely).
- were born outside Canada (2 times as likely).
- were Regina or North residents (3 times more likely compared to South).
- said their alcohol/cannabis use changed—men indicating an increase compared to women.
- reported having increased household conflict since COVID-19 (9.5 times more likely).
- didn’t have a family member with anxiety or depression before COVID-19 (4.3 times more likely).
- said their compliance was ‘high’ with government COVID-19 restrictions (2.3 times more likely compared to ‘moderate’ compliance).
- needed mental health support but didn’t receive mental health support since COVID-19 (13.3 times more likely compared to those who ‘didn’t need and didn’t receive’).

4.2 Saskatchewan respondents who reported experiencing ‘high’ level of anxiety/depression since COVID-19 were less likely to be those who:

- increased their drug use since the pandemic began (73% less likely compared to those who said ‘about the same’ compared to about the same).

4.3 Saskatchewan respondents who reported experiencing ‘moderate’ anxiety/depression since COVID-19 were more likely to be those who:

- lived in Regina (compared to South) (2.7 times more likely compared to South).
- who reported either increased (4.9 times) or decreased (2.9 times) conflicts within family since COVID-19.
- did not have a family member with anxiety/depression before COVID-19 (2.4 times more likely).
- reported no history of anxiety or depression in family (pre-COVID) but who indicated a need for mental health support but did not access (compared to those with a history of anxiety or depression in family and did not need and did no receive mental health support).

4.4 Saskatchewan respondents who reported experiencing ‘moderate’ level of anxiety/depression since COVID-19 were less likely to be those who:

- said their ability to recover was good/excellent (49% less likely) compared to about the same ability to recover.
5. HAVING MENTAL HEALTH ISSUES DURING COVID-19 MEANS LOSS OF ACCESS TO SERVICES

5.1 The COVID-19 outbreak has meant that many Saskatchewanians have lost access to mental health supports.

- Access to services from a mental health professional has declined by almost one-half (18% since COVID compared to 34% before).
- The uptake of online/phone support hasn’t materialized as anticipated, 10.4% since COVID vs 9.5% before.
- Receiving service from their doctors has declined even further during the pandemic as compared to before (4.5% vs 11%).
- 10% of respondents who needed mental health services didn’t receive it during the pandemic compared to 5% before.
- 15% of respondents who had a mental health disorder before COVID and are still suffering indicated they are no longer being treated.

5.2 Saskatchewan respondents who needed mental health supports but did not access them were highest among:

- female (12.4% vs 7% male).
- those in either 18-34 years or 35-54 years age groups (12.4% respectively vs 5.9% 55+).
- respondents whose ability to recover was very poor/poor (38.2% vs 6% good/excellent).
- Those who had physical impairment in family (12.2% vs 8.7% no).

5.3 Saskatchewanians who needed mental health supports but did not access any such supports since the pandemic were:

more likely to be those who:
- had very poor/poor resiliency (5.5 times more likely as compared to about the same).

less likely to be those who:
- were students or retired (67% less likely as compared to those who were employed).

Research Team

SPHERU’s analysis of the Saskatchewan mental health and COVID-19 data was led by Dr. Nazeem Muhajarine (Community Health and Epidemiology, University of Saskatchewan) and SPHERU researchers, including Dr. Daniel Adeyinka (Postdoctoral Fellow), Dr. Bonnie Jeffery (Social Work, University of Regina), Dr. Tom McIntosh (Politics and International Studies, University of Regina), Dr Nuelle Novik (Social Work, University of Regina), Vaidehi Pisolkar (PhD student), Natalie Kallio (Research Officer), and graduate students. This work was done in collaboration with the Saskatchewan Health Research Foundation (SHRF).