The Future of Mental Health

A Strategic Foresight Study

IAM · OCAD UNIVERSITY · OCAD U CO

Contents

Foreword

Just over a year ago, the world as we knew it changed. The COVID-19 crisis altered our understanding of everything, from how we live and work, interact and cooperate, grapple with uncertainty and even thrive in it. While the crisis was primarily a health-driven one, on its heels a secondary crisis was unfolding, namely, one shaping our mental health. Here in Canada, as in so many other parts of the world, the pandemic forced us into isolation, disrupted our routines, and made us fearful of proximity to one another. At IAM, we saw requests for mental health services climb to never-before-seen numbers, with people desperately seeking resources to help them cope, whether as someone living with a mental illness or someone caring for them. We soon knew that if we were seeing this alarming trend, then other players across the mental health landscape must be experiencing the same. And although we saw many providers quickly respond in unique and innovative ways, we understood that to tackle a crisis of this scale and something many of us have never experienced before, required a completely new way of thinking. If we were going to plan for the future of mental health in Canada then we needed to look beyond today and into the future.

Our work with OCAD U CO, the executive training studio of the Ontario College of Art and Design University (OCADU) began a few short months after this pandemic started, where together we imagined what a national conversation and engagement around the future of mental health in Canada might look like. We looked closely at what the evidence-based rigour of future and foresight thinking, could offer us – and we were excited. We engaged other trusted partners, including the Mental Health Commission of Canada, Otsuka Canada, and the Ottawa Community Foundation, who supported this work both financially and in the vision of what we set out to accomplish.

In early 2021, we did a call out to as many partners as we could, working to include as many perspectives as possible. We did our best to get this right, realizing the challenges of this in a climate where so many are working tirelessly to support their communities. Our approach was to engage far and wide, and we are pleased that those who could join us did. For IAM, however, this is just the beginning; we look forward to creating future opportunities where we can engage an even greater number of partners and wider range of perspectives so that we can grow a collective intelligence that is inclusive of all of our respective experiences.

We are pleased to share this report with you, and hope it inspires your own planning for mental health solutions in the years to come. It reflects partner contributions over three months, and has been guided by the wisdom and acumen of our teams, both at OCAD U CO and IAM. This report also offers thinking about action and change that we can activate together. We appreciate the richness of data and insights we received, and are equally appreciative of the spirit of collaboration that this report has been created in. IAM will carry this forward, to create an environment of greater sharing, listening understanding and action among all of us working so hard to support the mental health of Canadians, now and into the future.

Mary Alberti

Mary Alberti,
Chief Executive Officer, IAM

Contribution

Project Partners

This project was undertaken by the Institute for Advancements in Mental Health (IAM) in collaboration with OCAD U CO, the executive innovation studio of OCAD University. We would like to acknowledge the support of those who shared their experiences and perspectives with us, either through engaging the survey, taking time to meet, or connecting us across their communities, organization and networks so that we could reach as many potential partners as possible. Thank you.

Project Team

This project was a collaboration between members of IAM, bringing mental health knowledge and expertise, and OCAD U CO, with expertise in design thinking, strategic foresight and innovation:

Mary Alberti, CEO, IAM
Deborah D'Amico, Development Lead, IAM
Assoc. Prof. Julian Goss, Lead Designer, OCAD U CO
Michelle Cochrane, Design Researcher, OCAD U CO
Molly Connor, Design Researcher, OCAD U CO
Emily Krause, Managing Director, OCAD U CO

Leading Supporters

- Mental Health Commission of Canada
- Otsuka Canada Pharmaceutical Inc.
- Ottawa Community Foundation

Contributors

- Canadian Mental Health Association National
- Children First Canada
- ConnexOntario
- Kids Help Phone
- Kirsten Gold, Volunteer
- Linda Monteith Gardiner, Volunteer
- Michael Prosserman, EPIC Leadership

Co-design Group

- Vani Jain, Daymark Foundation
- Assaf Weisz, FortyTwo Communities
- Michael Herman, Gowling WLG
- Joe Blomeley, Green Shield
- Eric Windeler, Jack.org
- Nancy Zorzi, Janssen Inc.
- Ilyas Khamis, Speaker & Ambassador
- Mary Bartram, Mental Health Commission of Canada
- Michael Cooper, Mental Health Research Canada
- Vanessa Rankin, Ontario Association of Social Workers
- Matthieu Boucher, Otsuka Canada Pharmaceutical Inc.
- Dan Cole, Pay What You Can Peer Support

Introduction

Mental Health, Strategic Foresight and COVID - 19

The COVID-19 pandemic could be described, as scholar Nassim Nicholas Taleb would say, as a 'black swan event'. Highly unexpected and highly impactful, Canadians are still struggling to conceptualize it effectively, and there is no doubt that it has, and will continue to have, profound and as yet unmeasured effects across all facets of life.

The COVID-19 pandemic highlighted what was already known about the mental health care system in Canada. The system is inadequately resourced, organizationally fragmented and siloed, and facing consistently increasing demand across all sectors.

In light of this, and anticipating the profound impacts within and beyond the health system created and exacerbated by the pandemic, the report examines possible responses to the increasingly urgent and complex mental health needs of Canadians.

Using a strategic foresight-driven approach, we explored the pandemic's current and future impacts on mental health in Canada. This enabled us to speculate on how mental health organizations and individual Canadians might be affected in the future, and reveal areas of opportunity to improve the system's preparedness and resilience moving forward.

New paradigms present new problems which require new approaches, and uncertain futures require creative consideration. The complex and interconnected challenges emerging from the pandemic require coherent, collective and innovative responses and approaches. The pandemic has made clear that the future of mental health in Canada is not only a 'health' issue, it is a societal issue.

Objectives

In this time of profound and ongoing uncertainty, our objective was to better understand the shifting mental health system in Canada through a collective and creative approach to: anticipate change, identify risks, and outline areas of potential in order to support the mental health and wellbeing of Canadians as we prepare for an uncertain future.

Using a strategic foresight approach, we had four main objectives:

1 - Identify and make sense of emerging change
We conducted a horizon scan, cross-sector survey and stakeholder interviews to identify emerging signals and drivers of change across social, technological, environmental, economic, political and value-based domains.

2 - Imagine plausible future scenarios
Through stakeholder and partner feedback and insights, we identified the most critically important and highly uncertain changes potentially impacting mental health in Canada, and used these to develop four plausible and distinct future scenarios.

3 - Consider implications, risks and opportunities
We held a co-design session with subject matter experts from the mental health system to consider possible implications of each future scenario on mental health services, organizations, and individuals. This helped us identify possible risks and opportunities to inform recommendations on how we might move forward.

4 - Uncover Insights and areas of potential
Through analyzing outcomes of the research and co-design session, we outlined six areas of potential to help the system meet the unfolding challenges, and to better serve the mental health and wellbeing of Canadians in the long-term.

1.0

Approach

**Design Research Process and
Strategic Foresight Methodology**

Design Research Process

Our design research process followed four key phases: 1) in the discovery phase, we researched the mental health landscape in Canada to understand what's changing and how COVID is impacting the sector; 2) from our research we defined the main drivers of change and mapped the current system; 3) in the next phase we developed four future scenarios and tested them in a co-design session; 4) finally, we analyzed outcomes of our research and delivered six areas of potential for the mental health sector considering as we move into the future.

Converge — Diverge — Converge — Diverge

What's happening today?

What might the future hold?
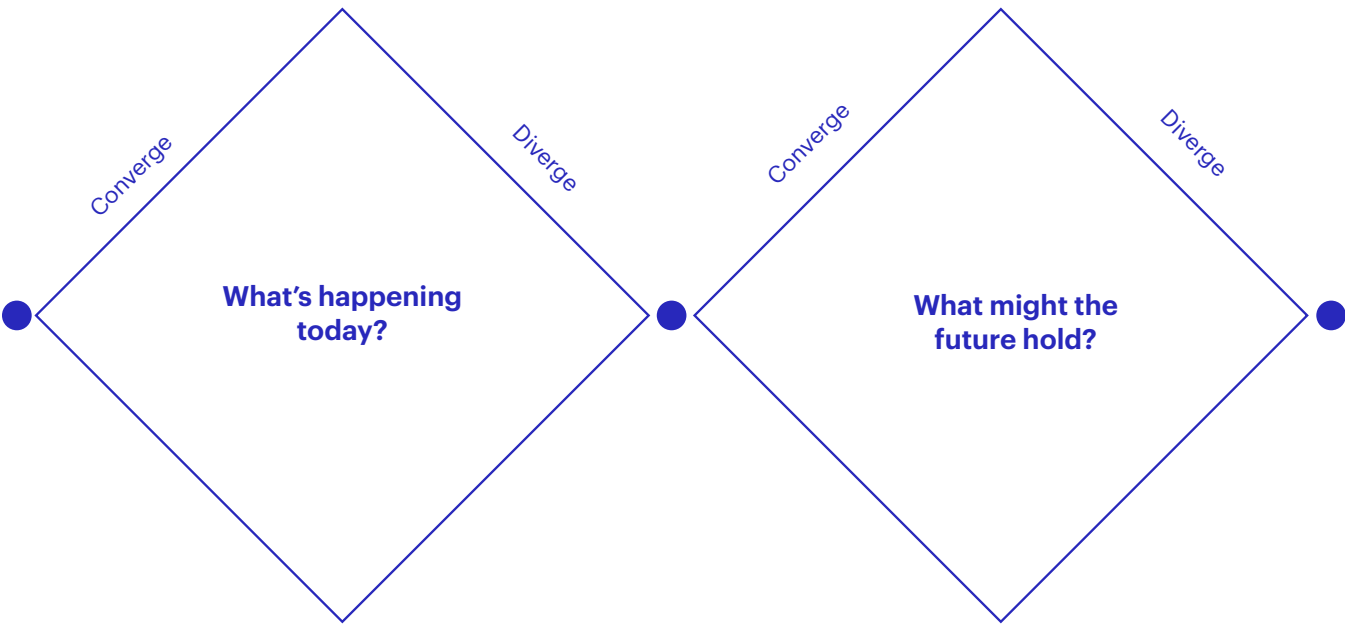
Discover

Through analyzing outcomes of the research and co-design session, we outlined six areas of potential to help the system meet the unfolding challenges, and to better serve the mental health and wellbeing of Canadians in the long-term.

Activities & Outputs:

- Problem Framing
- Horizon Scan
- Sector Survey
- Stakeholder Interviews

Define

From our research we defined the main drivers of change and mapped these to the current mental health system.

Activities & Outputs:

- Drivers of Change
- Critical Uncertainties
- Mental Health Systems Map

Develop

In this phase we developed four future scenarios and refined them, alongside a sector co-design session.

Activities & Outputs:

- Future Scenarios
- Sector Co-Design Session

Deliver

After analysis of our research we developed and proposed six areas of potential for the mental health system to consider as we move into the future.

Activities & Outputs:

- Analysis
- Areas of Potential

Strategic Foresight

Strategic foresight is a practice of building a shared vision and narrative about the future through a deliberative look at what's changing, how fast that change is occurring, and the possible impacts of those changes.

We use strategic foresight to make sense of a rapidly changing world and develop strategies for preparing to move into the future with resilience.

Strategic foresights begins with a horizon scan — looking for emerging signals of change within and beyond the sector of focus. By identifying and considering change occurring across **social, technological, environmental, economic, political and values-based domains** we are able to identify broad (and specific) trends and drivers shaping the current and emerging landscape of mental health in Canada.

Then, using a 'sense-making' approach, we evaluate and intersect emerging trends and extrapolate how they might play out over time. The result of this exercise is the creation of a set of four plausible future scenarios relating to the mental health system and embodying the various trends and changes we are seeing.

These scenarios are, essentially, research-grounded stories intended to inspire and provoke new ways of thinking about the future. They are tools to illuminate what might be, and support creative consideration of potential actions to lead us towards, (or away from), these plausible scenarios of tomorrow.

Through this process, we gain a deeper understanding of and insight into the likely implications, opportunities and threats of the pandemic on mental health organizations, services, and most importantly, the Canadians that rely on them.
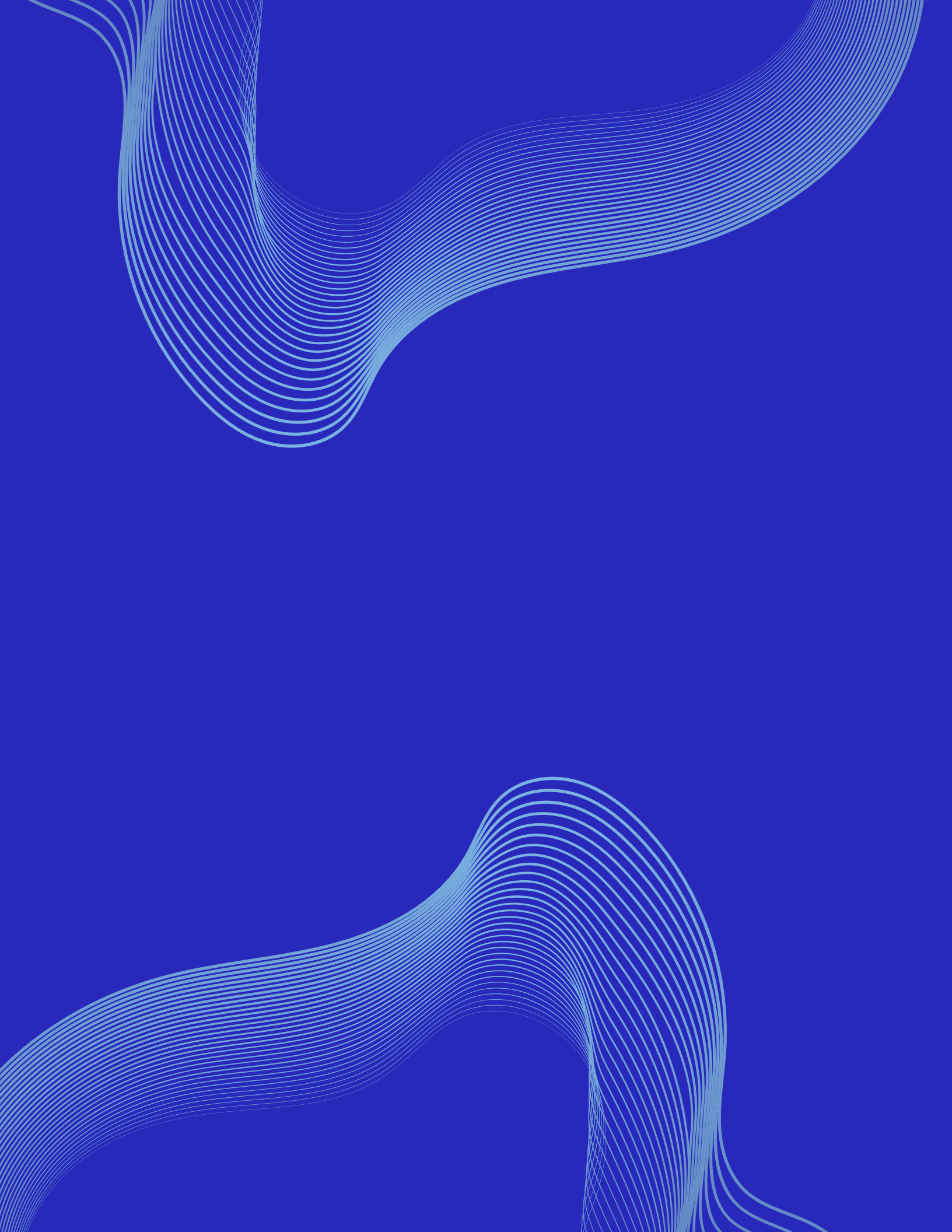
2.0

What's happening today

Current view of the system

Current System View

Overview
Canada's mental health system is undergoing significant change. The COVID-19 pandemic has pushed mental health to the forefront of national concern, and deep and systemic issues which pre-dated COVID-19 are becoming more urgent.

Over the following pages we map the current state of mental health in Canada and introduce ten factors that are currently driving change within the system.
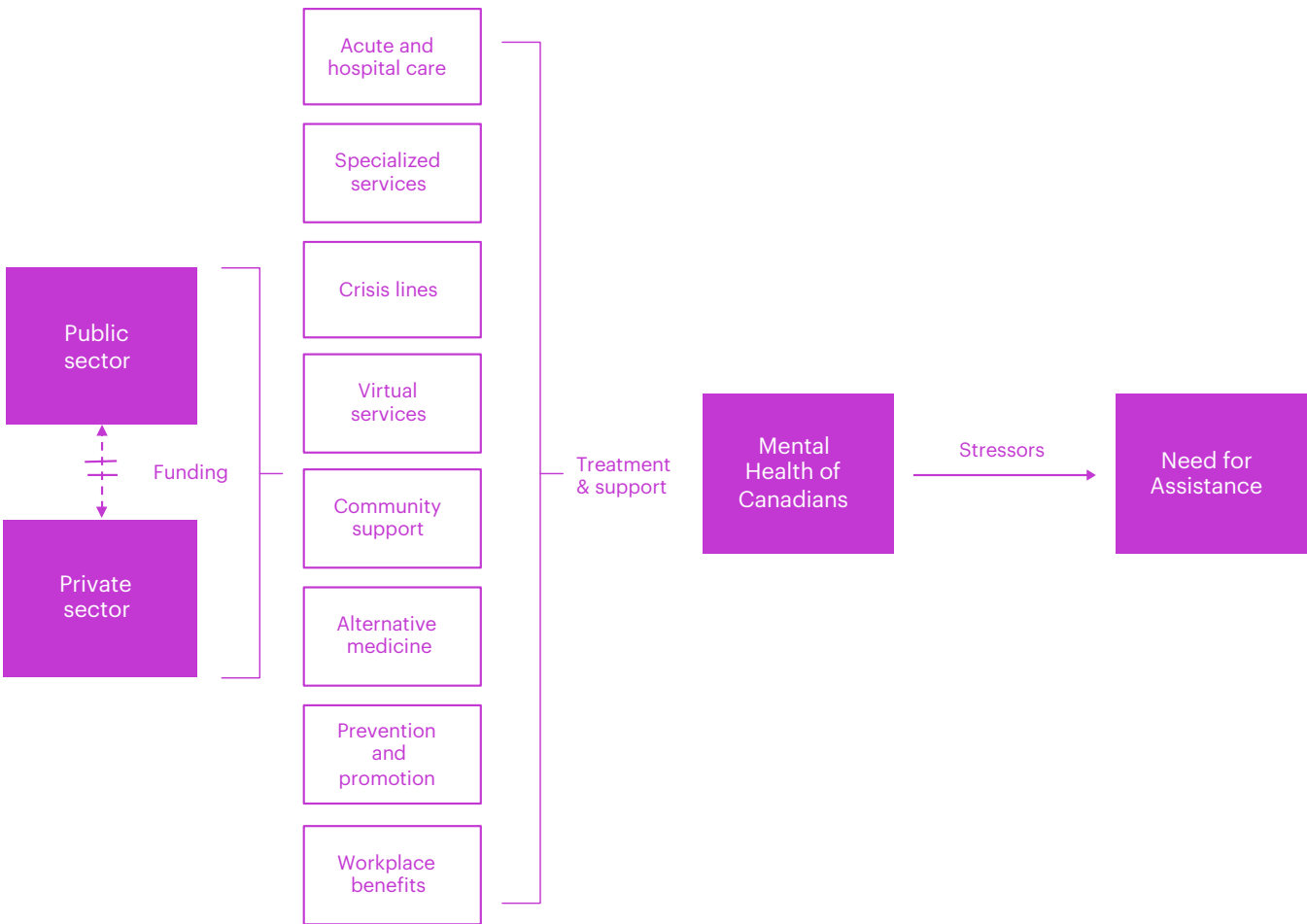
Systems Mapping
The systems map was developed through conversations and interviews with front line workers, leaders in mental health organizations and people with lived experience, and incorporating our research on relationships dynamics and resource flows within the system.

The map is a representation of Canada's mental health system as we see it today. It is not a complete depiction of the system, rather a visual tool to understand how information, activities, and resources are dispersed throughout the system over time. It provides us with a high-level view of how COVID-19, and other factors, are impacting the mental health of Canadians, access to services and resources, and availability of funding for organizations, services and treatment.

This map can be used to identify barriers, enablers, and possible intervention points in the system.

Core Flow of the Systems Map

This core component of the systems map represents the flow of resources, information and activities over time within a segment of the Canadian mental health system.

From the left, public and private sector funding is directed towards a range of entities, including acute and hospital care, specialized services, crisis lines, virtual services, community supports, alternative medicine, prevention and promotion interventions, and workplace benefit and support.

These organizations and services provide treatment and support to benefit the mental health of Canadians.

As people experience stressors over time, their need for assistance increases.

It's important to note that "mental health" is defined here broadly as an individual's overall mental and emotional wellbeing. This ranges from low levels of anxiety and depression to more severe and prolonged mental health illnesses - PTSD addiction, psychosis,

Additional complexity is added to the systems map on the following pages, showing how different factors affect these core flows.

Impacts of COVID and Access to Services
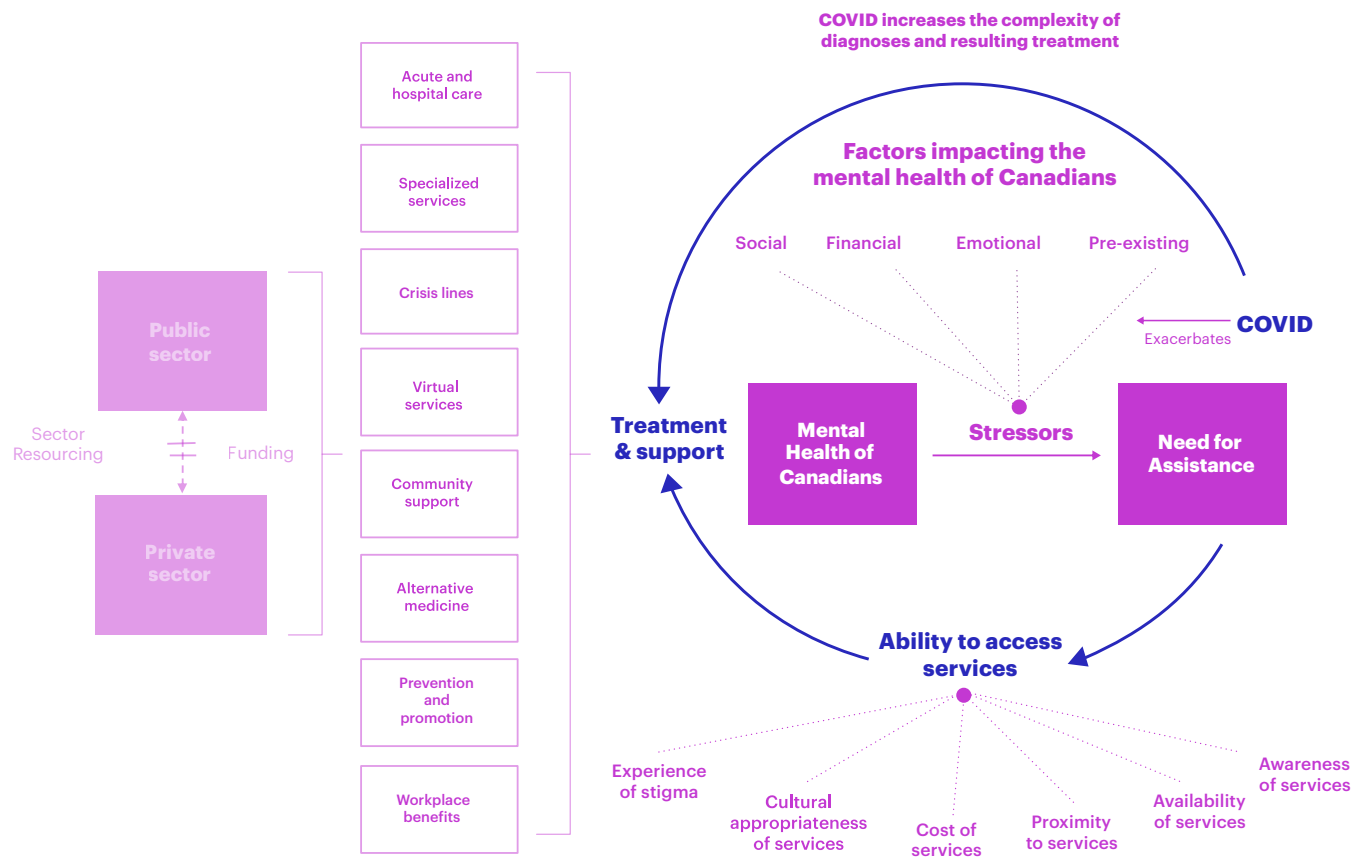
By adding a feedback loop to the right side of the systems map, we see factors that increase stressors and experiences that impact the ability of Canadians to access treatment.

As shown on the top right areas of the map, several factors impact the severity of stressors affecting Canadians' mental health, including social, financial, emotional, and pre-existing conditions, all of which are exacerbated by COVID-19.

Simultaneously, COVID-19 increases the complexity of diagnoses and treatment, and adds stress to an already overburdened workforce of care practitioners.

On the bottom right area of the map, we see that there is an increasing need for mental health assistance,

Canadians frequently cannot easily and quickly access treatment. Their ability to access treatment depends on a range factors that affect individuals differently.
These include the experience of stigma, cultural appropriateness of services, cost of services, individuals' proximity to services, the availability of services, and their awareness of services.

Flow of Resources, Funding, and Services

The final layer of the systems map highlights the impacts on sector funding towards mental health services, treatments, and organizations. As governments divert spending to economic recovery and COVID-19 emergency responses, this may impact available funding for mental health resources. In addition, funding for mental health is impacted by the capacity of organizations to advocate for Canadians and their mental health needs. Funding is also directly or indirectly dependent on the capacity of organizations to report on the impact of treatment on mental health outcomes.
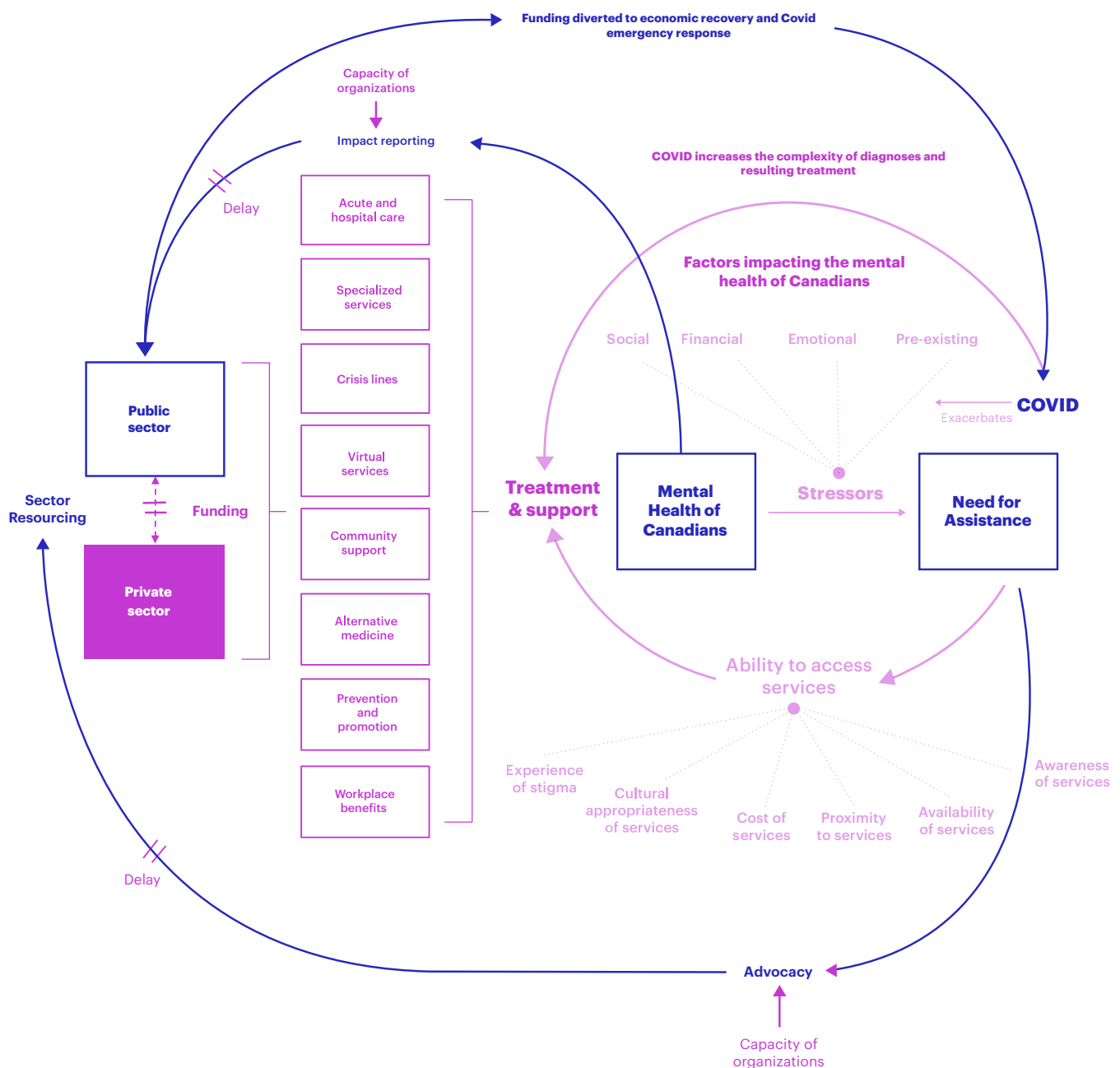
Current System View

Ten drivers of change impacting the Canadian mental health system emerged from our research. Drivers of change are factors greatly influencing the system and could be possible "game changers."

Below, each driver of change is visualized within the larger system. Drivers of change are described in more detail on the following pages.

Drivers of Change

1. Government Funding and Initiatives
2. Data and Evaluation
3. Workplace Wellness
4. Digital Delivery and Innovation
5. Stigma, Awareness and Mindsets
6. Access to Services
7. Crisis Compound
8. Equity and Inclusion
9. Alternative Medicine
10. Social Determinants
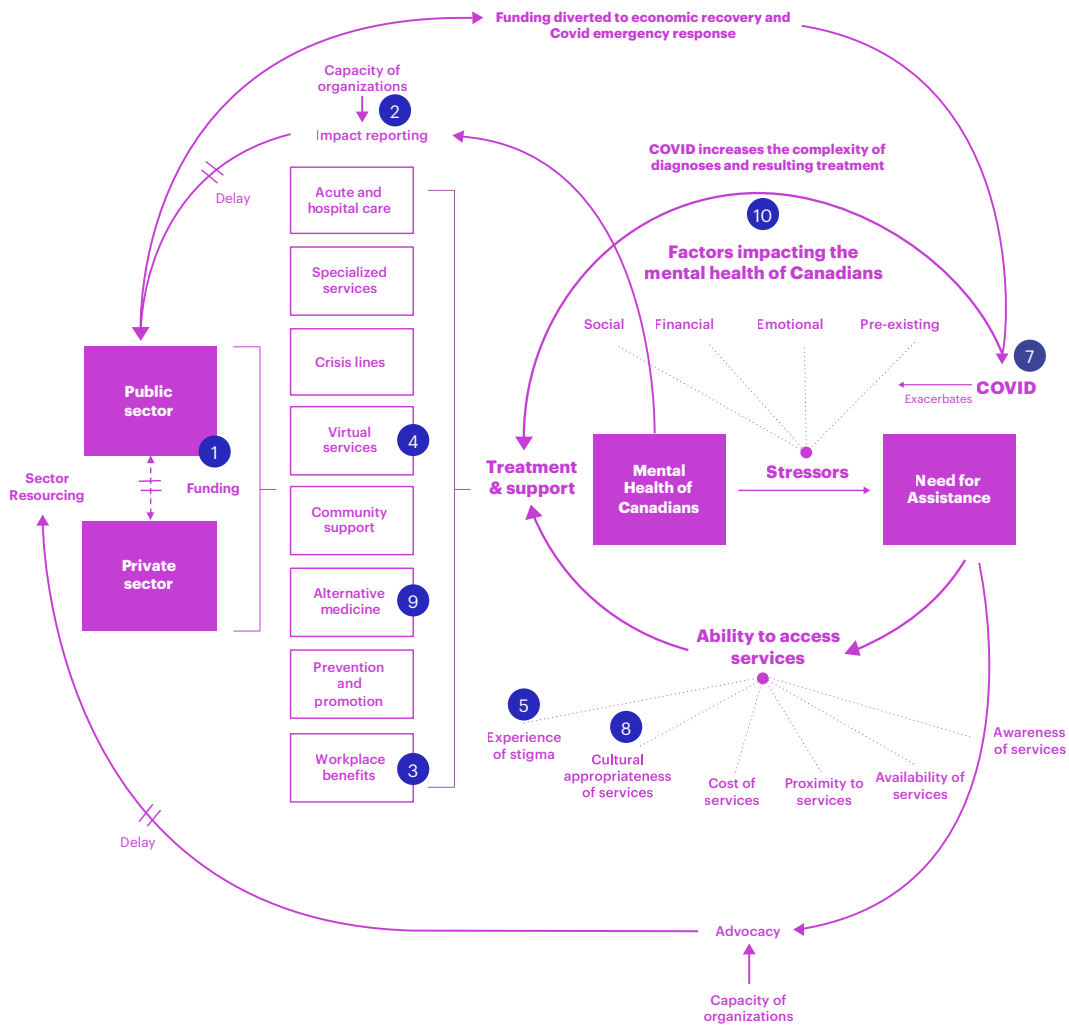
Drivers of Change

Taking a deeper look into what's driving change in the mental health system, we've synthesized insights from our research and systems mapping, and outlined 10 drivers of change.

Drivers of change are forces that are influencing mental health in Canada. From our research, we were able to identify leading forces of change in the current and future mental health system in Canada. These drivers of change are presented in no particular order.

1. Government Funding and Initiatives
The recent surge in federal and provincial funding for mental health research, digital services, and community programs indicate a recognition of the urgent need for expanded mental health care. However, there are concerns that funding is not driven by data or directed to the areas or services where it is critically needed.

2. Data and Evaluation
The lack of coordinated data collection, monitoring and evaluation is a significant barrier to improved mental health services. Contributing factors include the lack of incentives for insurers and employers to disclose information, the lack of capacity among practitioners for monitoring and evaluation activities, and the lack of effective oversight and accountability.

3. Workplace Wellness
As the connection between mental health and workplace engagement / productivity becomes clearer, employers are increasingly focused on mental wellness initiatives with the support of preventative benefit plans. However, challenges that come from working from home and increase of precarious work (low wage, part time, no benefits, living pay check to pay check), the resulting mental health challenges may be significant.

4. Digital Delivery and Innovation
COVID-19 has hugely accelerated the move to digital mental health services, which has mixed impacts. Rural and remote areas may have increased access, youth are more inclined towards digital services, and there's an opportunity for more individual health data and, consequently, personalized approaches to care and support. However, there are trust issues with online products, and the focus on product development could take away from the need for systemic changes.

5. Stigma, Awareness & Mindsets
Overall we're experiencing a significant increase in awareness and reduction in stigma of mental health. However, with more people 'opening up' about their mental health challenges, services are struggling to keep up with with increasing demand. Despite diminishing stigma, mental health is still not perceived in the same way as physical health.

6. Access to Services
There is a resounding awareness of siloes in the mental health system, which impacts access to services. These impacts include long wait times, lack of financial support for services, lack of clarity on services available, redundancies, and uneven service quality between providers and regions.

7. Crisis Compound

COVID-19 is exacerbating existing challenges in mental health, with rising rates of PTSD, depression, anxiety, burnout among front-line workers, burden on working mothers, and worrying impact on youth. This mental health crisis is impacted by broader crises in our society including the climate crisis.

8. Equity and Inclusion

The heightened focus on dismantling systemic racism has put pressure on governments and corporations to increase equity, inclusion, and accountability within their institutions. This has also raised awareness of the needs for culturally appropriate mental health services, particularly among BIPOC, vulnerable communities, those experiencing homelessness, refugees, and LGBTQ+ groups.

9. Alternative Medicine

A rise in alternative and experimental therapies is conjuncting with ongoing decriminalization of previously controlled drugs. Although emergent, there is increasingly widespread personal experimentation with activities such as 'microdosing' psychedelics, as a means to improve wellbeing and productivity.

10. Social Determinants

The lack of affordable housing is a major concern for the future of mental health in Canada. Other social determinants of health are becoming increasingly urgent to address, including the financial impacts of COVID-19, food security and social connection.

03

What the future might hold

Scenarios for the future of Canadian mental health

Future Scenarios

To help make sense of the many changes impacting the mental health of Canadians, we developed stories about possible future worlds, informed by the emerging trends and drivers of change uncovered in our research. These stories are not predictions, but rather are illustrations that allow us to constructively speculate on what may unfold and the possible implications for different groups and stakeholders.

At the forefront of our research were two factors that emerged as **critical uncertainties**: *factors that are both highly important and highly uncertain in terms of how they may unfold over time.*

1- Mental Health Service Delivery Model

The mental health care delivery model in Canada is predominantly characterized as being clinical and medical. And yet, the pandemic has highlighted the value of community-situated, social services that enable greater mental health support models.

Considering this uncertainty, we can see a sliding scale emerge between these two perspectives:

Ongoing Clinical Emphasis: If mental health care continues to be seen to be a primarily clinical issue, then support (and public funding) is likely to continue to privilege the healthcare system and individuals may continue to depend, for example, on a diagnosis to secure support.

Emergent Social Delivery Model: If the societal impacts of COVID-19 cause a catalytic shift in how mental health care and support is conceptualized and delivered, we may see growth in (and support for) community-situated, social delivery models, focusing on, for example, preventive care, and concerned with addressing health inequalities through a more upstream approach.

2- Impact of COVID-19 in Canada

It is still uncertain how long the impacts of COVID-19 will play out in Canada and the world. We may see an 'end' to the pandemic, or we may continue to face emergent variants, ongoing outbreaks, and continued disruptions.

Considering this uncertainty, there is a sliding scale that emerges, defined by two possible polarities:

Recovery Mode: If COVID-19 is perceived to have a definitive end and our collective focus is on 'recovering and building back', we may see the government and private sector focus on a "back to work and back to normal" model, focusing primarily on economic recovery and placing less emphasis on the significant social mental health impacts created and exacerbated by the pandemic.

Ongoing Pandemic Disruption: If COVID-19 variants continue to emerge and the disruptions of the pandemic linger, there will likely be ongoing negative impacts in mental health, as well as a cross-sector understanding that we need new approaches and new models of care delivered in new ways.

These two factors formed the basis of our future scenarios, outlined below.
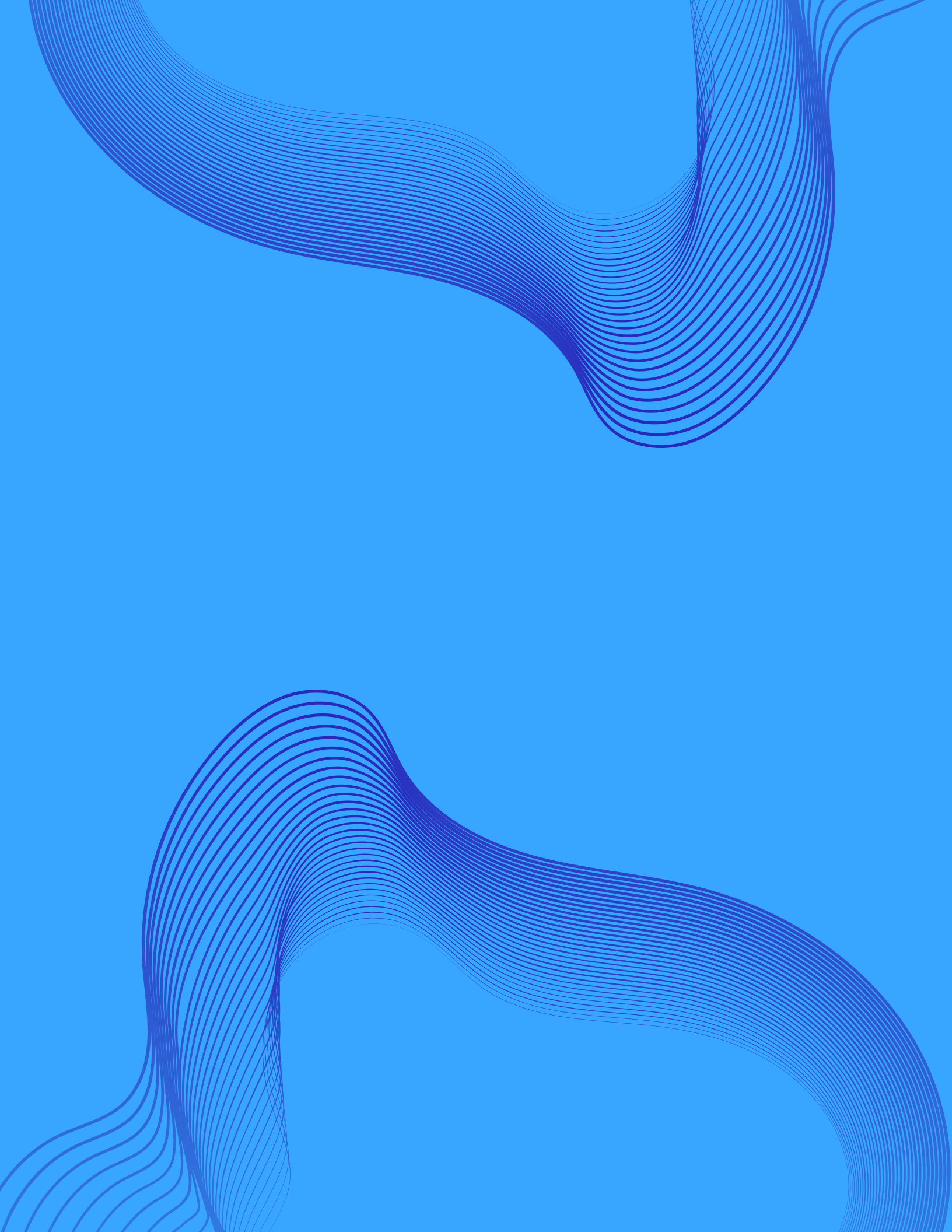
Critical Uncertainties

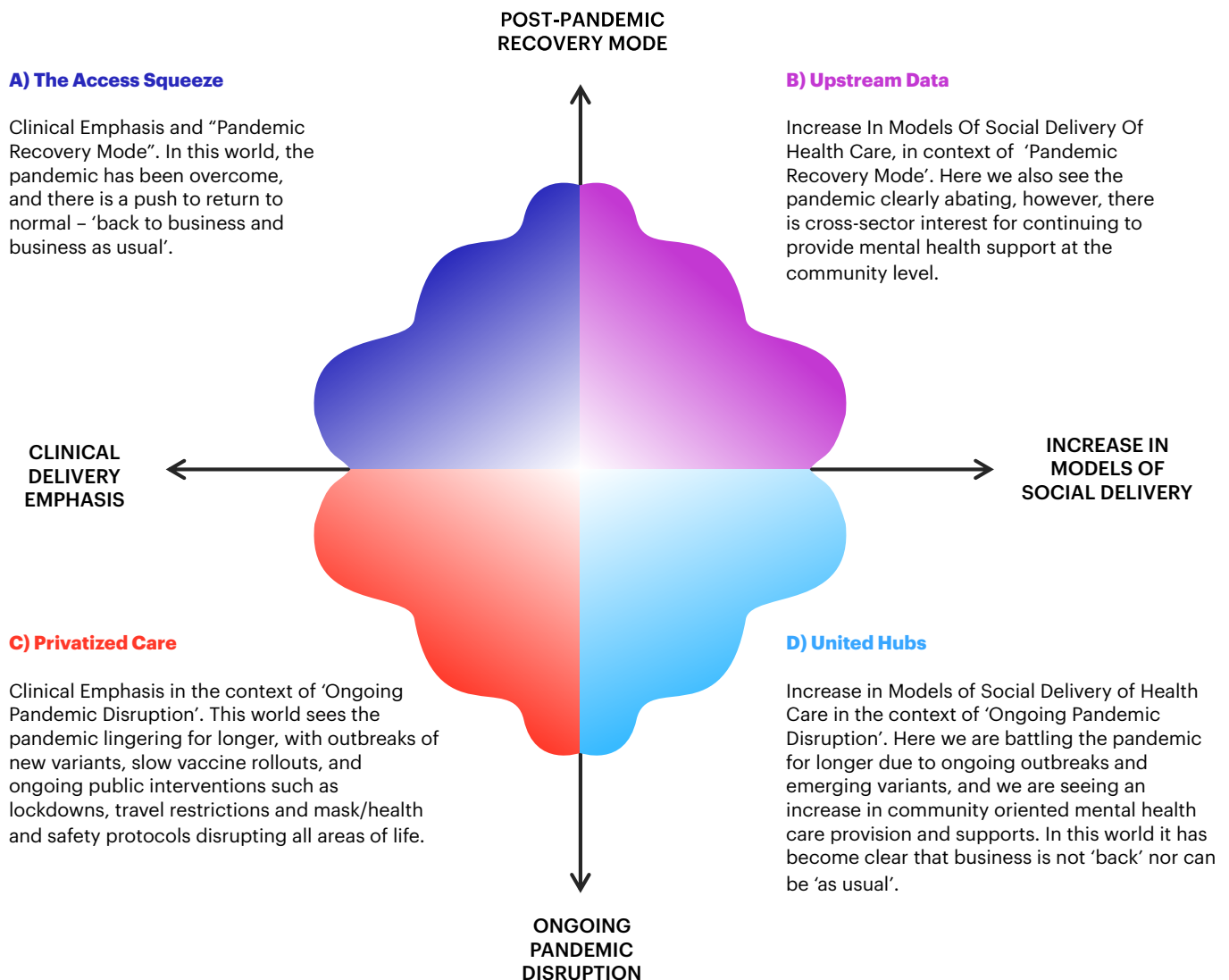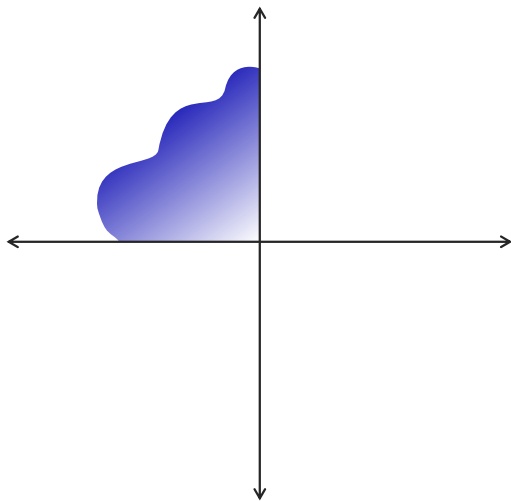By using the critical uncertainties as two axes, four possible future scenarios begin to emerge. It is important to note that each of the four polarities are extreme instances that cap the sliding scale of possibility between them.

These scenarios are further detailed in the following pages and are intentionally written using a present tense to situate the reader in the realities of that future scenario. All scenarios are set ten years in the future, in 2031. These plausible versions of the future were considered and built upon during the research co-design session in collaboration with key stakeholders from within and beyond the mental health system, including subject matter experts and people with lived experience.

POST-PANDEMIC RECOVERY MODE

A) The Access Squeeze

Clinical Emphasis and "Pandemic Recovery Mode". In this world, the pandemic has been overcome, and there is a push to return to normal – 'back to business and business as usual'.

B) Upstream Data

Increase In Models Of Social Delivery Of Health Care, in context of 'Pandemic Recovery Mode'. Here we also see the pandemic clearly abating, however, there is cross-sector interest for continuing to provide mental health support at the community level.

CLINICAL DELIVERY EMPHASIS

INCREASE IN MODELS OF SOCIAL DELIVERY

C) Privatized Care

Clinical Emphasis in the context of 'Ongoing Pandemic Disruption'. This world sees the pandemic lingering for longer, with outbreaks of new variants, slow vaccine rollouts, and ongoing public interventions such as lockdowns, travel restrictions and mask/health and safety protocols disrupting all areas of life.

D) United Hubs

Increase in Models of Social Delivery of Health Care in the context of 'Ongoing Pandemic Disruption'. Here we are battling the pandemic for longer due to ongoing outbreaks and emerging variants, and we are seeing an increase in community oriented mental health care provision and supports. In this world it has become clear that business is not 'back' nor can be 'as usual'.

ONGOING PANDEMIC DISRUPTION

The Access Squeeze

Canada, 2031

In the years since the end of COVID-19, Canada has focused primarily on economic recovery. Institutional and societal focus on mental health as a critical issue has declined significantly. The advances in virtual and remote care achieved during the pandemic (and their intrinsic cost savings) have now been widely implemented as the primary means of care and service delivery. This has accompanied a reduction of available in-person care and service resources, resulting in a service and treatment delivery model that frequently directs Canadians seeking care in the system towards virtual services.

In a snapshot

- In the wake of COVID-19, the focus on economic recovery has directed investments away from mental health care.

- As a result, Canadians are suffering from heightened anxiety, depression, PTSD, and substance abuse.

- Mental health services and resources have shifted to primarily virtual delivery models, while long wait times for in-person, publicly funded care severely limit access.

Future scenario narrative, written in the year 2031.

In the 10 years since the COVID-19 pandemic shuttered the world, the emphasis on mental health has decreased significantly in favour of a Canadian governmental and market driven shift towards "back to normal, and back to work".

Provincial and Federal levels of Canadian government, grappling with the unprecedented economic challenges of a post-pandemic world, namely, extremely high unemployment at home, a steep global recession with crippling long term uncertainty in Canada's resource sector – sought to overcome these challenges through a dual approach of strict austerity in social spending, combined with aggressive investment and support in the business sector.

Following the government's lead, many employers quickly adopted and focused on the 'productivity mindset', and the COVID-19 "support and care" approach was de-emphasized in favour of a recovery-first model.

A large portion of the previously working population did not return to work, disproportionately consisting of women and BIPOC, and those who had worked in the still-decimated service, hospitality and other minimum wage sectors.

In the years following the end of the pandemic, the social and economic challenges have continued to increase already critical population-scale levels of people suffering from anxiety, depression and COVID-19 PTSD across Canada. Poverty, substance abuse and homelessness rates have also continued to rise throughout the decade. There has been an ongoing rise in people suffering from significant to severe mental illness, while funding and support for clinical and community mental health care plateaued, with services and resources shifting to virtual care delivery models.

In 2031, access to in-person mental health services is either offered by private providers, often through private health insurance, or via hospitals or institutions operating at a community level. Appointments are scarce and hard to get, due to decreased funding and increased demand. In order to access publicly-funded in-person care, an individual must be able to navigate an overwhelmed and inadequately administrated health care system, with increasingly challenging hurdles in proving their eligibility for in-person services, often only available through a counsellor or social worker who can advocate for their right to in-person care. The waiting list for a personal counsellor can reach upwards of 12-16 months in high-density urban areas, while those without counsellors are triaged to virtual care services.

The 2020's are considered dark years in Canada's mental health system, will the 2030's be any brighter?

Upstream Data
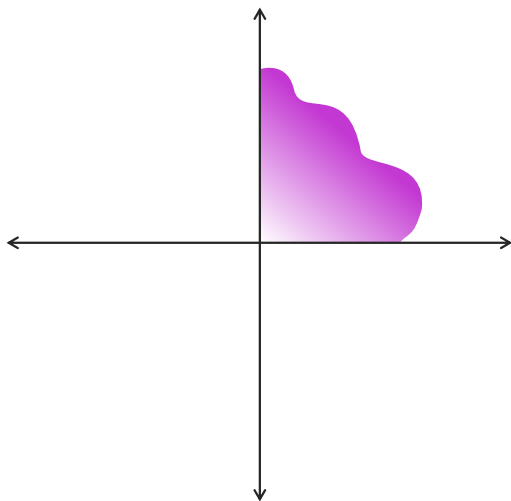
Canada, 2031

The Canadian mental health system has been catalyzed by a post-pandemic world. Increased knowledge of the root causes of many societal mental health challenges have been highlighted and understood through widely sourced real-world data and integrated personal health records supported by sophisticated use of AI, wearables, apps and voice recognition technology. A growing frustration with slow-moving traditional healthcare institutions and mindsets has shifted the system to be more person-centered and user-driven. Services are highly accessible and are integrated to a wide range of social supports.

In a snapshot

- Recovery from COVID-19 set the stage for an increased understanding of the root causes of mental health challenges, and shifted funding and programs toward upstream, holistic interventions.

- The mental health system is now characterized by person-centered and personalized care, informed by integrated personal health data.

- Wearable technology, mental health apps and voice-based AI support accessible mental health prevention strategies.
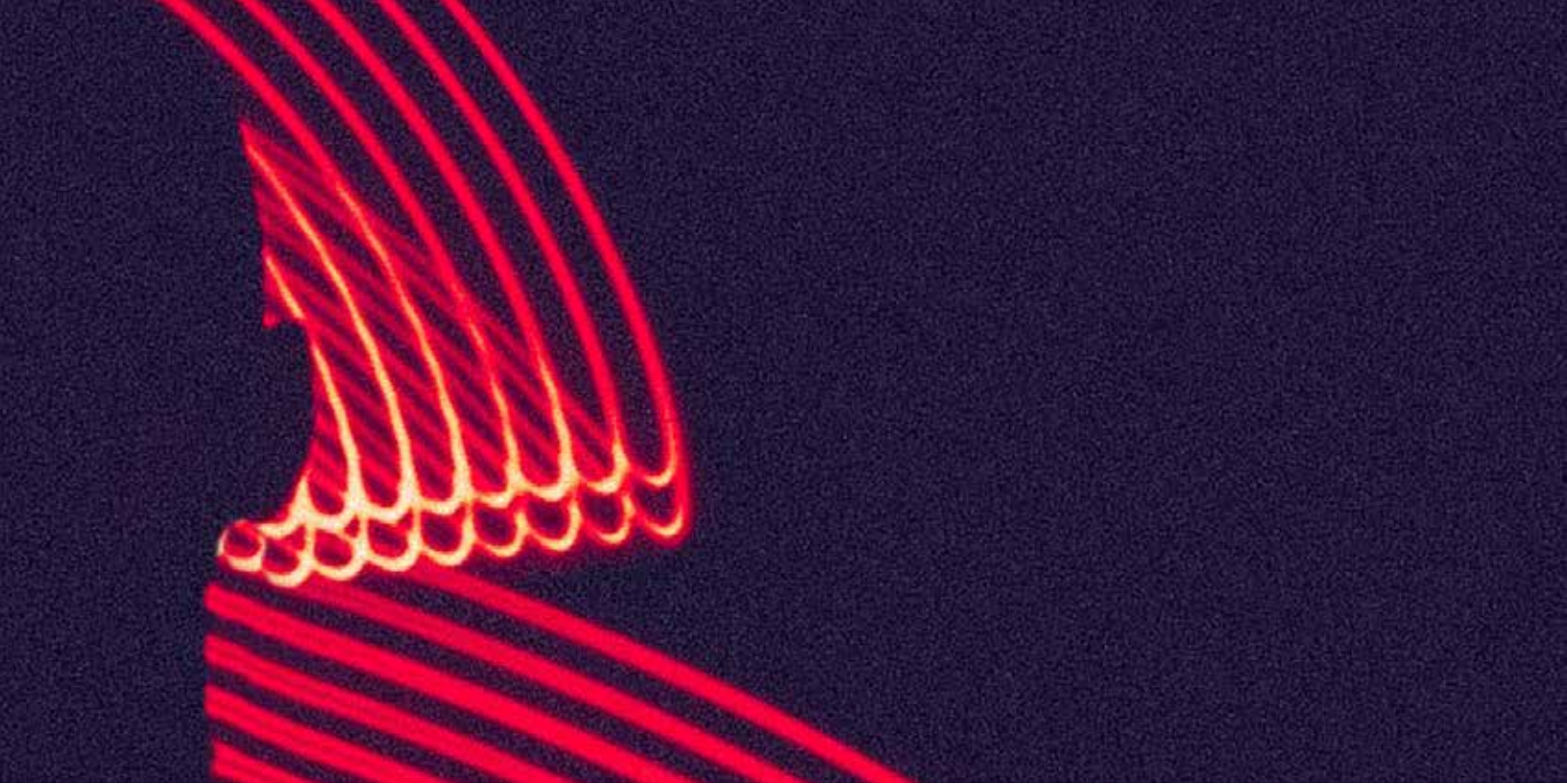
Future scenario narrative, written in the year 2031.

In the 8 years since the COVID-19 pandemic ended, not just mental health, but mental well-being has come to the forefront in conversations about long-term economic and societal health, and is now a central part of Canada's collective resilience strategy.

This transformation is largely due to an increase in evidence-based Canadian mental health data through integrated personal health data records and a powerful mental health movement in the early 2020's.

By 2025, unemployment had skyrocketed post-COVID-19 and the implications of the BLM movement resulted in both greater mistrust of institutions and a demand for change for social justice and societal wellbeing. Gen Z'ers banded together via social media for mass national protests in 2025-2026 to advocate for affordable housing and food security and a national Universal Basic Income.

Through the use of wearable tech, mental health apps and voice-recognition technology, more real-world data than ever before was being produced around mental health. Integrated personal health records are now commonplace, illuminating the upstream social and economic challenges facing the Canadian population. This knowledge has created greater awareness of the root causes of mental health challenges and a commitment to optimizing the social determinants of health, while some groups voice concerns over the loss of privacy.

Now in 2031, sector funding and organizational emphasis has shifted to supporting prevention and upstream interventions, including an equitable housing and food security strategy. There is an increased emphasis on care for vulnerable populations and highly accessible service delivery via an integrated community grassroots support network that connects urban centres to rural communities. Greater Federal and Provincial financial support has ensured a living wage for every individual, and a third of Canadian provinces now provide some form of Universal Basic Income, with more provinces piloting and planning implementation.

Although there is still work to be done, the 2030's are heralded as a new age in Canadian history, with a focus on resilience, good health and wellbeing — alongside the data to support it.

Scenario C

Privatized Care
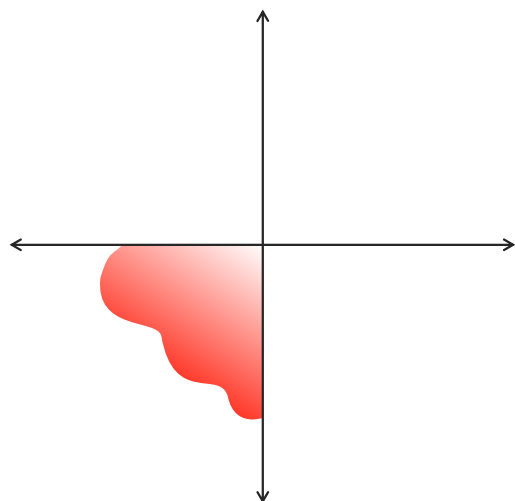
Canada, 2031

The impacts of ongoing pandemic disruption and resulting economic devastation have contributed to significant cuts to mental health services across Canada, leading to a wave of privatization, and a rise in for-profit mental health services and resources. Mental health investments are directed to pharmaceutical development and subsidies while employers struggle to motivate their increasingly remote working/virtual teams.

In a snapshot

- Ongoing pandemic disruption, economic devastation and resulting cuts to mental health services has led to a wave of privatization in the sector.

- The increasingly virtual workforce has influenced a mass exodus from large cities, particularly among young people moving to smaller towns and rural areas, adding pressure on rural health care services.

- These constraints have led to advancements in mental health care, such as the implementation of National Pharmacare, legalization of psylocibin and increased tech-based interventions.

Future scenario narrative, written in the year 2031.

The year is 2031 and COVID-19 has run a long course. Numerous variants spread in waves across the globe, and the slow rollout of variant vaccines and vaccine passports has limited travel to a "vaccinated elite". Strong international disease surveillance systems have been established to control the situation, while vocal anti-vaccination groups have tripled in number over the past 10 years.

With the majority of businesses going virtual and closing offices, most large Canadian cities have experienced a mass exodus, particularly among young people unable to afford urban rents and seeking more space who are moving to suburbs, smaller towns, and rural areas.

The long global economic crisis led to record levels of Canadian government debt and major budget cuts for all public services, including mental health care. Governments prioritized managing physical health and rebuilding the economy.

These constraints spurred innovative public-private partnerships to manage increasingly widespread and urgent mental health needs. National Pharmacare rolled out 5 years after COVID-19 began, and medication for mental health illnesses was prioritized and heavily marketed in public campaigns and employee insurance plans.

With cannabis and psilocybin now legal across Canada, there are a raft of large players and emerging companies flocking to take advantage of the new demand for both recreational drug use and proposed clinical applications of alternative therapies.

As emergency and acute care for mental health crises overloaded and overwhelmed the system, investments were directed towards tech-based interventions that helped identify and provide alternate service and care options. However, challenges in accessing these services have reinforced health inequities, particularly in rural and already underserved areas.

United Hubs
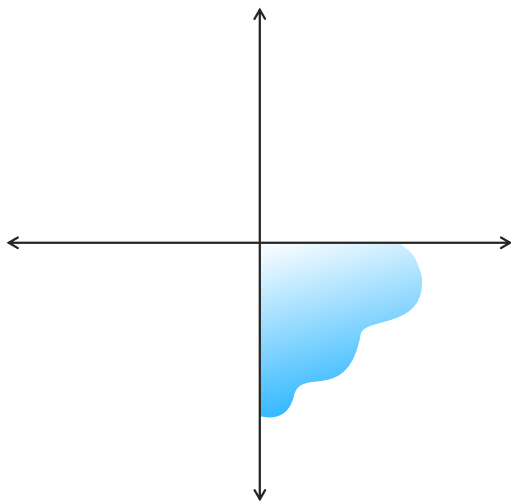
Canada, 2031

In a world defined by continuous disruption and uncertainty, deep systems-level changes have emerged across multiple sectors. Societal mental health is understood as an outcome of interconnected social and economic factors, and policy development, legislation and service provision reflect this shifted mindset.

In a snapshot

- Continuous disruption and long-term COVID-19 impacts on the mental health of Canadians has resulted in systems-level changes.

- Efforts from human rights activism and collaboration among mental health organizations led to a more holistic and preventative model of mental health care.

- Insular communities have dedicated mental health co-ops with diverse services, and considerations for societal and economic factors are built into mental health care plans.

Future scenario narrative, written in the year 2031.

After living through several more waves of emergent and virulent COVID-19 strains, and witnessing the devastating impacts on all facets of life, Canadians have settled into a new way of life in which change and disruption are expected and seen to be required.

For much of the year, regions within Canada are closed off from adjacent communities to protect them from emergent outbreaks through localized "bubbles". As a result, local businesses are thriving and more money is staying within local economies. However, there is high wealth disparity between neighbourhoods, with a greater fear of those "outside" one's own community. Consequently, Provincial governments have become more powerful, and economic disparities between 'have' and 'have not' regions have deepened significantly.

After witnessing the effects of systemic racism and the disproportionate impact of lack of services for many racialized and equity-seeking Canadians

during the first year of the pandemic, a groundswell of community rights activism has brought about significant transformative change to traditional health care structures and institutions, from the ground up.

Through collaborative research projects, open data sharing, joint interventions and successful advocacy, many different stakeholders built power and momentum to shift the mental health care system towards a more socially just, preventive and holistic model.

Mental health is now considered a human right, with each community having their own mental health co-op that meets the needs of their diverse community members. Strong connections between public and private organizations and practitioners now enable the sharing of data, resources and information in the development of effective services and supports.

Stepping back from our Scenarios

Our scenarios paint a mixed picture of opportunity and threat.

Bearing in mind that these scenarios are speculative and predicated on specific axes of uncertainty, we can anticipate a number of possibilities emerging;

In Scenario A, The Access Squeeze, we are looking at a world where the pandemic has been overcome and there is a single-minded push to return 'back to business and business as usual'. The implications of this mindset regarding the emerging mental health crisis, are not positive. A focus on the economy without addressing the social and mental health cost of the pandemic would create a situation where an under-resourced and inadequate mental health system — still predominantly predicated on a clinical model of care — would be facing an unprecedented scale of demand with a diminished set of resources and capacities.

In Scenario B, Upstream Data, we also see the pandemic definitively abating, however, there is an emerging cross-sector interest in continuing to provide mental health support at a social and community level. In this scenario, the health system and supporting actors (employers, health insurers) take further advantage and leverage the evolution of care brought about by the pandemic, such as digital resources and models of remote care. This leads to more holistic and accessible care and support in response to the needs of Canadians.

Scenario C, Privatized Care. We see the pandemic lingering, with periodic outbreaks of new variants, slow vaccine rollouts, and ongoing public interventions such as lockdowns, travel restrictions and mask/health and safety protocols disrupting all areas of life. In this world, ongoing disruption and economic stagnation, with resulting cuts to mental health care and services has led to a wave of privatization in the sector. This creates a two-tier system where mental health supports and resources are available to some, while many others struggle to access support.

Scenario D, United Hubs. In this world, impacts of the pandemic are extended due to ongoing outbreaks and emerging variants, and we are seeing an increase in community-oriented mental health care provision and supports. It has become clear that business is not 'back' nor can be 'as usual'. The pandemic forces us to see the need for new approaches, new structures and new models of care, and a strong sense of collective resources and support.

04

Areas of Potential

Six areas of potential to activate system-wide change.

Overview

We can say with certainty that the mental health crisis continues to worsen and there is no 'silver bullet'. The COVID-19 pandemic has exacerbated long-standing crises and the effects will be felt for years to come.

The research and findings presented in this document reaffirm what was already known: the mental health system in Canada is siloed, resource-strapped and hard to navigate. The impacts of these realities limit access to support and negatively impact individuals, communities, institutions and governments.

Although the story may seem grim, throughout this process we uncovered areas of potential and partnered with passionate people who want to activate a new era of mental health in Canada. The following six areas of potential represent a broad mix of opportunities for change. They point to a collective energy and desire to intervene in a burdened ecosystem and activate positive change.

Bridging the solitudes spotlights the need for public and private institutions to work together for the greater good.

Taking a ground up approach centers the invaluable community and peer-to-peer support systems.

Mental Health is a societal concern identifies a need to galvanize around the social determinants of mental and physical health and activate change from the root causes.

Virtual access tipping point states the need for intentional integration of virtual care into the future and the role of innovation in the ecosystem.

We need to talk about funding models highlights a need to reimagine system-wide resourcing and funding.

Galvanize collective impact provides a model for system collaboration and knowledge sharing.

Encompassing the knowledge of the current system, uncovered and validated through our research and the possible future scenarios, the six areas of potential represent a broad cross-section of intervention points to integrate change at both a varying levels while engaging key stakeholders along the way.

Dissecting the Components of Each Area of Potential (an Example)

The following pages describe the 6 areas for systematic change identified through this research. Each area of potential includes:

Galvanize Collective Impact

Area of potential name

COVID-19 offers a potential to finally break down silos and collaborate across sectors to address the growing mental health needs of Canadians.

Summary of potential

The "silo" is one of the most pervasive metaphors in mental health care, with organizations, speciality practices, governments and private companies operating largely in isolation. As a result, the system lacks effective oversight and accountability, there is no coordinated collection, monitoring, evaluation, and sharing of mental health data, and accessing and navigating services becomes complicated and challenging.

With a major increase in awareness of the mental health crisis exacerbated by COVID-19, it's clear that we need more collaboration between stakeholders, working together to deliver a system of care matched to each individual's needs.

National and global investments in mental health over the past year point to this potential for change. The World Health Organization recognized mental health as a core issue of the pandemic, and the Federal government has made large investments in national help lines and suicide prevention services.

We have an opportunity to build on this momentum and collectively restructure the system in a way that improves holistic mental health outcomes for all Canadians.

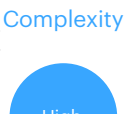*Description of the potential, and why it's important*

Complexity indicates the level of difficulty in addressing the potential.

High — Complexity

Impact represents the reach of addressing the area of potential.

High — Impact

Urgency indicates the pressure to act.

Medium — Urgency

Intervention Points

- Develop a common language and definition of mental health
- Develop shared outcomes and accountability
- Incentivize collaboration through funding that requires partnerships
- Integrate service delivery and maximize collective resources
- Create spaces where governments, policy-makers, care providers, families, schools, private companies, community support groups, and people seeking support can collaborate
- Build on inherent potential within the system

Supporting Trends

- Greater awareness of mental health among youth
- Increased conversations in public discourse around mental health
- Global and national investments in mental health programs and strategies

Bridging the Solitudes

The next few years will require the best efforts of both public and private mental health services and resources. It's time to work integratively for the common good.

The significant and as yet unknown impacts on the mental health and wellbeing of all Canadians due to the pandemic and its corollary catalyzing effects are unmeasured, but likely to be unprecedented.

We are already seeing alarming rises in anxiety and depression amongst youth, a 'shadow pandemic' of domestic violence, and worrying uncertainties in global and national economies, predicted to disproportionately impact the financially insecure and equity seeking groups.

It's going to take integrative and innovative approaches from both the Provincial health systems and private actors, such as employers and health insurance companies, to best ensure that all Canadians are able to access support and care where and when required.

There is great opportunity, and urgent need, to find and implement ways to best utilize the relative strengths and capacities of public and private mental health services and capacities. This will require as yet undeveloped capacity for person-centred care, and a new willingness to co-operate and co-ordinate.

Medium

Complexity

Medium

Impact

High

Urgency

Intervention Points

- Engage strategic conversation between public and private health system actors
- Identify 'whole system' mission objectives
- Revisit and redesign funding structures, initiatives
- Acknowledge and integrate the perspectives of people seeking support
- Identify and build on relative strengths and capacities
- Build on innovative and effective approaches and integrate into the health system
- Share data widely

Supporting Trends

- Corporate Support
- Publicly funded programs
- Introduction of National Pharmacare
- Proactive Insurance
- Health Data

Taking a Ground-Up Approach

The pandemic has catalyzed innovation across many areas of mental health support. Much of this innovation has been at the community level. Let's build on it.

As the pandemic disrupted all facets of life, including the health system and community mental health, innovative approaches to outreach, support and care were created and implemented at the community level.

Many of these initiates have been and continue to be successful, created at little or no cost and utilizing capacities and resources available to all.

As we move forward, facing an unprecedented scale of system disruption and unprecedented need for mental health support, we should actively seek out, learn from and support local successes, identify valuable innovations, and find ways to build on and more broadly implement the 'wisdom of the community'.

This will require a change in paradigm in both custom and attitude.

The traditional approach to developing new practice in the health system is deliberate, top down and, often appropriately, slow moving.

We have an opportunity to harvest community level insight, innovation, capacity and knowledge which, if we are not careful, might otherwise be lost.

Low

Complexity

High

Impact

Medium

Urgency

Intervention Points

- Proactively seek out community, peer to peer and informal support networks to identify successful practices. understand and learn from them.
- Bring the system to the community. Actively learn form and support, through applied and action research methods, effective approaches and practices, and speed up knowledge to action cycles.

Supporting Trends

- Publicly-funded programs
- Spiking demand from youth
- Optimistic resilience
- Prioritizing community care and prevention

Mental Health is a Societal Concern

Greater pressure and support of the societal needs and root causes of mental health challenges are required to address the societal concerns contributing to individual and collective mental health.

COVID-19 has impacted vulnerable populations at a faster and deadlier rate than other populations and has accelerated the mental health challenges Canadians face.

The rise of anti-Asian and Black racism and BLM movements of 2020 have spotlighted a greater need and care for culturally appropriate mental health services. In addition, the negative impact of COVID-19 on encampments and those experiencing homelessness has highlighted a desperate need for affordable housing and reliable financial support.

Greater care and support for vulnerable populations and upstream causes of illnesses could actively address the ever-increasing mental health challenges from the ground up.

Spotlighting the connection between social determinants and mental health could include an emphasis on affordable housing, universal basic income, increasing equality and inclusion and increasing access to nature, parks and public spaces in urban areas.

Greater care and consideration of mental health as a community challenge and not an individual illness could provide the opportunity and perspective through which to reimagine the mental health system.

Medium

Complexity

Medium

Impact

High

Urgency

Intervention Points

- Increase accessibility and range of culturally appropriate services, taking into account each person's life experience and unique needs
- Shift focus to community-based programs and supports
- Increase affordable housing prevalence
- Increase access and activation of public green spaces
- Implement Universal Basic Income
- Support social fabric strengthening

Supporting Trends

- Increasing numbers of those experiencing homelessness
- COVID-19 health & food insecurity challenges
- High need for greater culturally appropriate services
- Increased focus on social determinants and upstream mental health concerns
- COVID-19 unemployment
- Rise of Anti-Black Racism and BLM movements

Virtual Access Tipping Point

The rise of virtual care has provided a new era of accessible and on-demand services offered by a range of public and private players. As the country goes virtual — experts debate how to integrate virtual care with the current service delivery model.

Gaining traction over the past years, virtual care has gone through a catalytic acceleration due to COVID-19 and the shift to remote and online care. Now, many services that were providing in-person support have shifted to virtual or phone alternatives, including psychiatrist sessions, addiction support and doctor appointments. The number of tech and startup players in the virtual mental health space has risen dramatically, increasing the awareness and investment in mental health, while supporting a rise in on-demand text and phone support.

Many experts consider the rise of virtual care to be positive, while confirming that text, phone or video care cannot replicate the role of in-person care. As we move through the coming years and transition out of COVID-19 response, the mental health system will need to intentionally integrate in-person and virtual care services that center the needs of the individual. The potential lies in bringing stakeholders together to bridge the two service approaches and redefining mental health services and access to support through a collaborative and needs-focused approach.

Medium

Complexity

Medium

Impact

High

Urgency

Intervention Points

- Identification of best virtual or in-person services
- System-wide conversation around integration of virtual care in current service delivery model
- Integrating better data collection to inform innovation
- Paving the way for tech providers and new entrants to support innovation and creative approaches
- Developing system-wide ethical and privacy approaches

Supporting Trends

- Significant rise in virtual care services over the past year
- In April 2020 Kids Help Phone experienced a 300% spike in demand for their crisis texting
- Privacy concerns around sharing mental health information online

We Need to Talk About Funding Models

Current health (and mental health) funding structures disproportionately privilege large healthcare players, create unnecessary competition amongst smaller organizations, and reinforce silos and duplications.

The pandemic has highlighted and stressed pre-existing inadequacies across many health sectors, including mental health.

The already-overwhelmed and under resourced services in the health and mental health systems, especially amongst the most disadvantaged and vulnerable Canadians, are frequently in crisis due to lack of resources and capacity.

Our current formal funding structures are (often appropriately) slow to change, however, they tend to privilege established organizational structures and institutions, regardless of changes in the nature, scale and urgency of emerging and growing need.

Many of the gaps in funding have been filled in part by charitable giving, fundraising and philanthropy. Although this will continue, it cannot be relied upon to meet the significant and new emerging mental health needs exacerbated by the pandemic in all areas of society.

There needs to be an integrated, agile, proactive and responsive process of identifying and understanding immediate need, and allocating and delivering funding and resource support at all levels of provision, Federal, Provincial and Municipal.

High

Complexity

Medium

Impact

Medium

Urgency

Intervention Points

- Strengthen and increase access to funding support for applied and action centric research.
- Directly fund inclusive knowledge translation activities
- Situate and expand research activity and funding in community mental health settings
- Develop appropriate and applicable measures for evaluating situated mental health activity and context

Supporting Trends

- Capitalize on federal/provincial mental health support created during the pandemic
- Hospitals moving into community care space, opportunity to integrate community players with hospital resource support

Galvanize Collective Impact

COVID-19 offers a potential to finally break down silos and collaborate across sectors to address the growing mental health needs of Canadians.

The "silo" is one of the most pervasive metaphors in mental health care, with organizations, speciality practices, governments and private companies operating largely in isolation. As a result, the system lacks effective oversight and accountability, there is no coordinated collection, monitoring, evaluation, and sharing of mental health data, and accessing and navigating services becomes complicated and challenging.

With a major increase in awareness of the mental health crisis exacerbated by COVID-19, it's clear that we need more collaboration between stakeholders, working together to deliver a system of care matched to each individual's needs.

National and global investments in mental health over the past year point to this potential for change. The World Health Organization recognized mental health as a core issue of the pandemic, and the Federal government has made large investments in national help lines and suicide prevention services.

We have an opportunity to build on this momentum and collectively restructure the system in a way that improves holistic mental health outcomes for all Canadians.

High

Complexity

High

Impact

Medium

Urgency

Intervention Points

- Develop a common language and definition of mental health
- Develop shared outcomes and accountability
- Incentivize collaboration through funding that requires partnerships
- Integrate service delivery and maximize collective resources
- Create spaces where governments, policy-makers, care providers, families, schools, private companies, community support groups, and people seeking support can collaborate
- Build on inherent potential within the system

Supporting Trends

- Greater awareness of mental health among youth
- Increased conversations in public discourse around mental health
- Global and national investments in mental health programs and strategies

Conclusion

This research was conducted with the intention to make sense of how COVID-19 and other significant drivers of change are converging and impacting the complexities of mental health and well-being across Canada. In order to make sense of the dynamics at play and the many multi-faceted implications of these changes, we extrapolated these trends into the future in an effort to imagine multiple possible outcomes and scenarios. In this process, it became evident that there are significant risks that we are just beginning to understand, but also significant potential that we have the opportunity to tap.

As one of our workshop participants aptly stated: We are at an inflection point. By definition, this indicates that **we are at a point in time where our collective trajectory is changing course.**

The insights that emerged through our research confirm this sentiment. COVID-19 has been an accelerator of many changes that were already underway — some that are perceived to have positive outcomes such as greater flexibility with work geographies, but in the context of mental health, many of these impacts are significant harmful — either acutely and for some, in a more chronic manner.

What emerged most prominently throughout this research was the imperative that we must act now, and to act together. There is much potential for us to consider and tap into, and increasingly significant risk to Canadians as individuals and as a nation if we do not do so with intention and coordination.

We are calling on service providers, funders, entrepreneurs, creatives, policy-makers, industry-leaders and researchers to recognize that mental health and well-being is not a burden to be carried by a few select experts, but rather that we must recognize that each one of us is affected by the well-being of those around us. In order to build a better tomorrow, we must understand how we can contribute, and indeed, how we must.
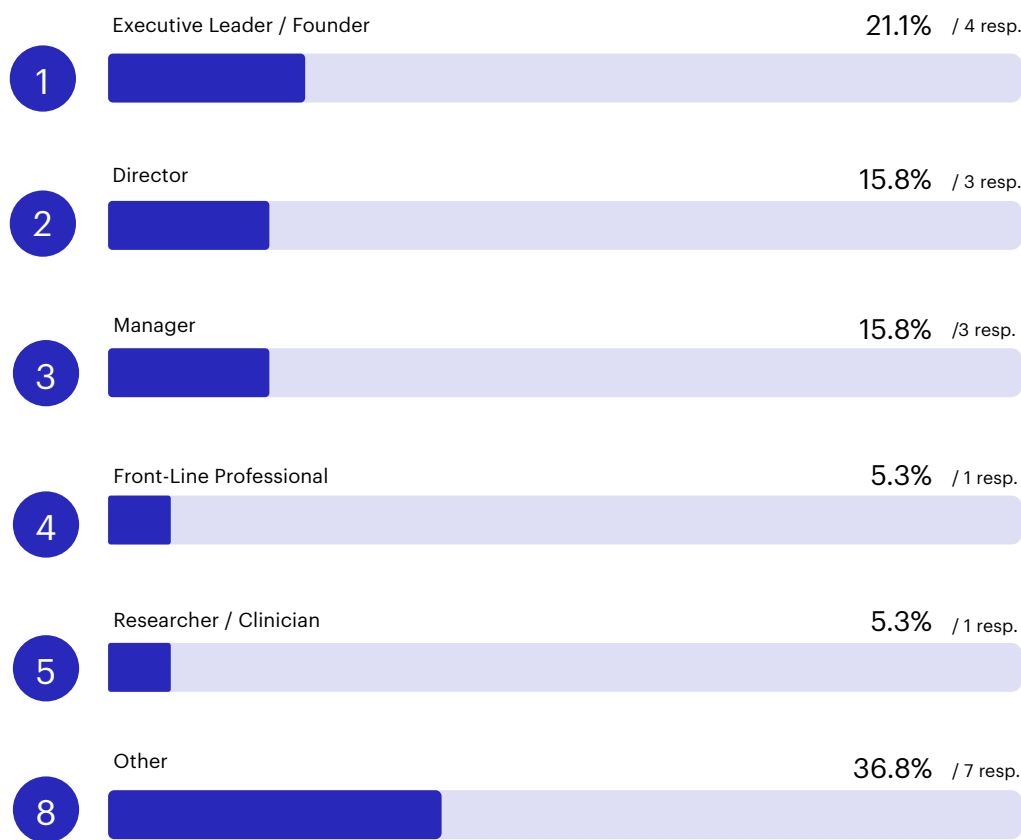
5.0
Appendix

5.1

Survey Insights

Insights and quotes from the sector survey.

Survey respondents ranged from executive leaders, founders and directors, to managers, researchers, front-line professionals, consultants, and parents.

Which of the following best describes your role?

1 Executive Leader / Founder — 21.1% / 4 resp.

2 Director — 15.8% / 3 resp.

3 Manager — 15.8% /3 resp.

4 Front-Line Professional — 5.3% / 1 resp.

5 Researcher / Clinician — 5.3% / 1 resp.
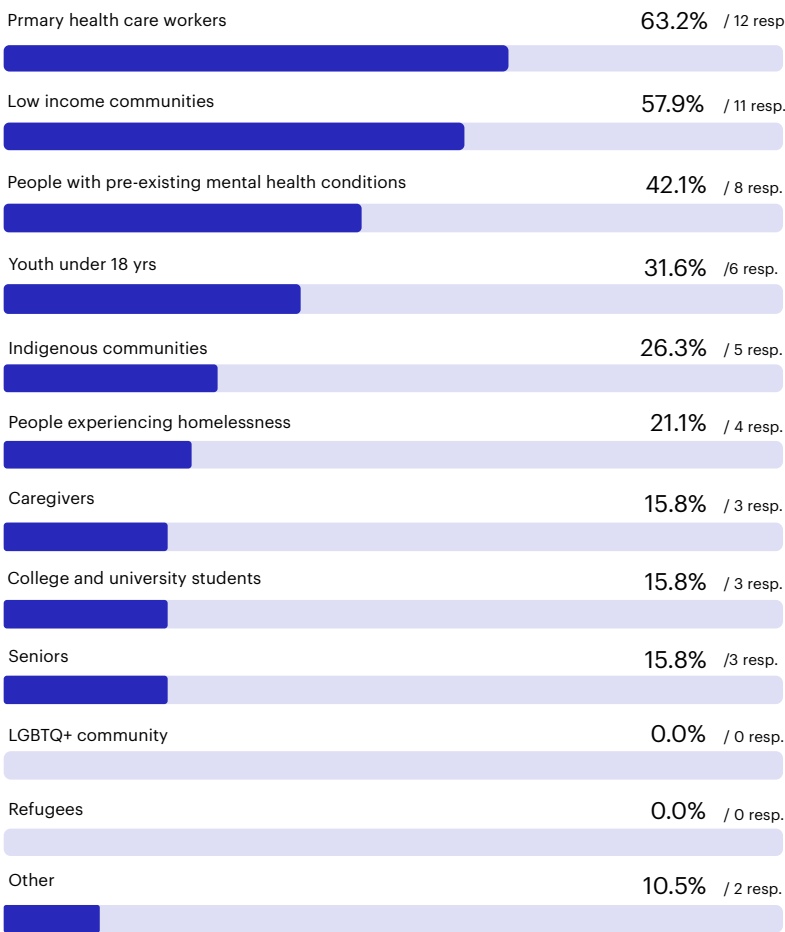
8 Other — 36.8% / 7 resp.

Other:

- Instructor
- Policy & research
- Peer support worker
- Program & policy consultant
- Health & wellness professional
- Parent of a son with schizophrenia
- Volunteer in research department

Primary health care workers and low-income communities were indicated as having experienced the highest increase in mental health challenges this year.

From your perspective, which groups in Canada have experienced the highest increase in mental health challenges over the past year? (Select top 3)

Prmary health care workers — 63.2% / 12 resp.

Low income communities — 57.9% / 11 resp.

People with pre-existing mental health conditions — 42.1% / 8 resp.

Youth under 18 yrs — 31.6% /6 resp.

Indigenous communities — 26.3% / 5 resp.

People experiencing homelessness — 21.1% / 4 resp.

Caregivers — 15.8% / 3 resp.

College and university students — 15.8% / 3 resp.

Seniors — 15.8% /3 resp.

LGBTQ+ community — 0.0% / 0 resp.

Refugees — 0.0% / 0 resp.

Other — 10.5% / 2 resp.

> "
> The mental wellness impacts of COVID-19 for First Nations, Inuit and Métis has exacerbated the ongoing impacts of systemic and institutionalized colonialism, racism and injustice that shape many disadvantages across the social determinants of health, which also being mitigated by protective factors related to resistance, resilience, strength, wellness and healing."

> "
> All of these groups are particularly impacted by COVID (higher rates of cases in Indigenous communities; low income communities facing even more challenges regarding being able to pay for rent and having to continue to go to high-risk jobs in person; health-care workers having to watch many patients die without loved ones present, etc.)"

> "
> Mental health affects people from all walks of life. It is hard to pinpoint one group that is at higher risk. One could argue that the poorer communities are at higher risk that the more affluent ones, but that doesn't mean that the more affluent suffer any less when struggling with mental health issues. Help should be available to every group equally."

The most significant impacts of COVID were related to increased anxiety, isolation and loneliness, greater uncertainty, and financial impacts.

From your perspective, what are the top 3 – 5 most significant impacts that COVID-19 has had on the mental health of Canadians over the past year?
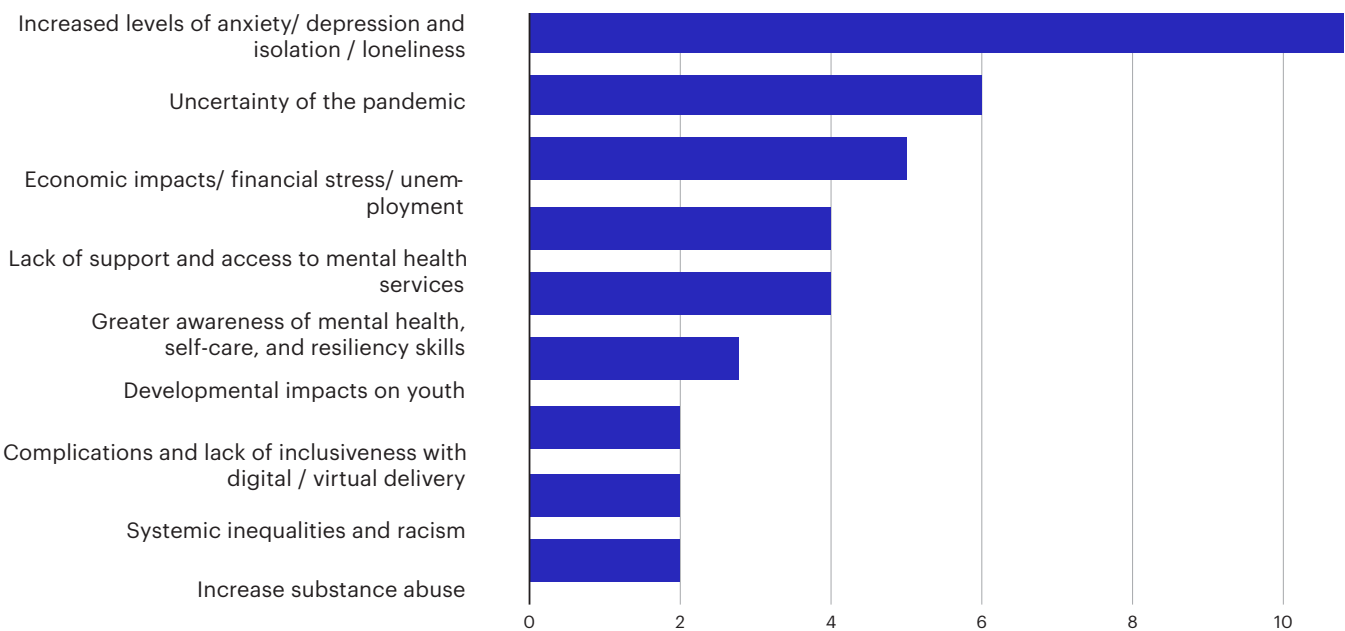
> **"**
> The tremendously rapid and innovative response with virtual mental health services requires attention to improve access, quality, and address the growing digital divide as these offerings are not meeting the needs of some key vulnerable populations."

> **"**
> The biggest is a sense of isolation, which then contributes to greater depression, anxiety, and substance use."

> **"**
> Among elderly clients, there is actually a gravitation towards prioritizing self-care, especially those in caregiving roles who may be looking for an outlet i.e. spouse with dementia."

The most significant non-COVID related impacts were insufficient access to services, financial stressors, and mental health stigma.

From your perspective, what are the top 3 – 5 most significant impacts (not directly related to COVID-19) that are influencing the mental health of Canadians?
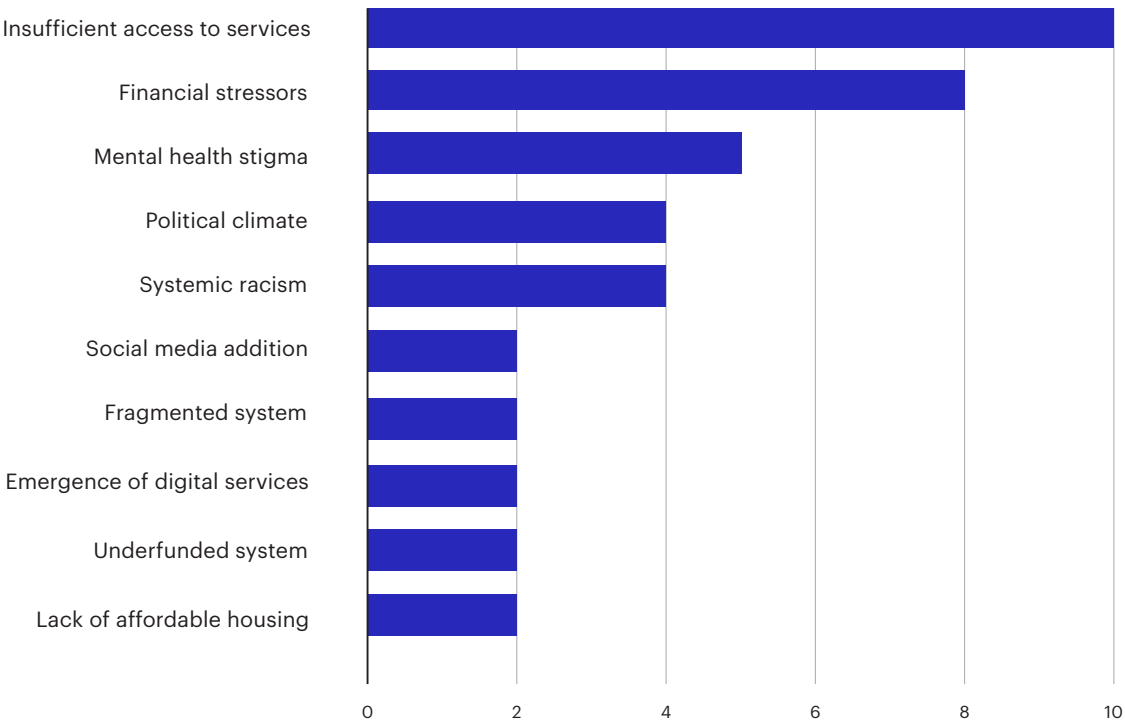
Other:

- Underestimation of caregivers
- Lack of preventative care
- Climate crisis
- Lack of community networks
- Lack of national drug plan
- Food insecurity

> "Lack of access to timely, appropriate, and/or culturally connected MH services is a big issue. Our youth network has consistently named that they do not always know what professional services are available to them or that they simply don't have many options where they live."

> "Unemployment and underemployment is having a really significant impact on families."

> "Social determinants of health, and impacts from ongoing racism, homophobia, sexism, discrimination against First Nations, Inuit and Métis, age discrimination, class discrimination."

The most significant and uncertain factors impacting Canadians' mental health were social implications of COVID and economic factors.

From your perspective, which of the following factors will have the most significant and uncertain impact on the future of individual Canadians' mental health over the next 5 years?

Legend: ■ Significant Impact   ■ Uncertainty
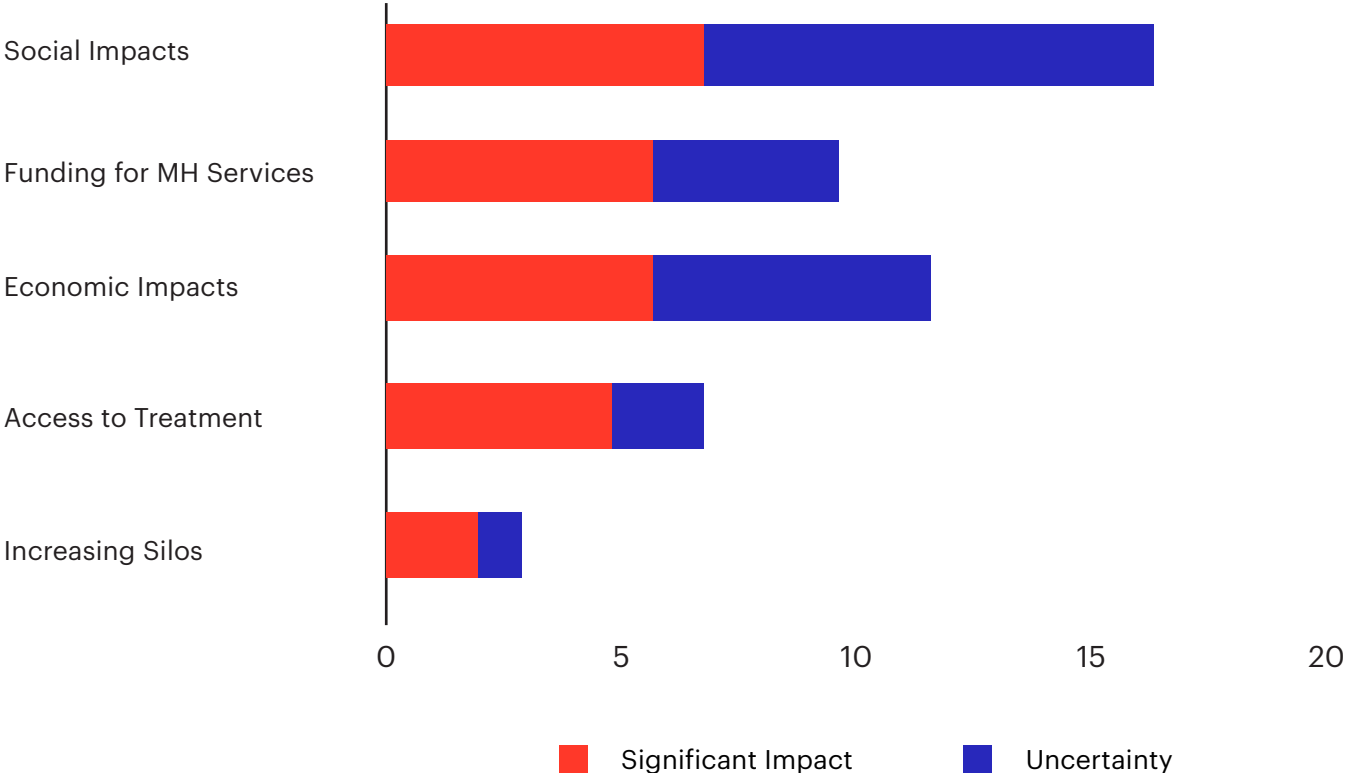
> "The social impacts of COVID. I think we're all waiting for the day we can go back to "normal", but it's unclear if normal will ever look the same."

> "New virus variants are now becoming much more aggressive and we need to be able to consider that we are in for another decade or so of dealing with a yearly strain of COVID each year, if this ends up being the case our economy may not recover to levels we had before."

> "The long-term impacts of our current social isolation."

5.2

Horizon Scan

An in-depth exploration of what's currently changing in the mental health system.

Horizon Scan

Horizon scanning requires that you look above the surface for signals of change as well as for deeper trends and drivers.

Our horizon scan is a compilation of the most significant emerging signals and trends impacting mental health of Canadians, identified as a result of our broad research across areas of social, technological, environmental, economic, political and values-based domains.

By considering the changes across social, technological, environmental, economic, political and values-based domains, we were able to identify signals, trends and deep drivers of change that are shaping the current and emerging landscape of mental health in Canada.
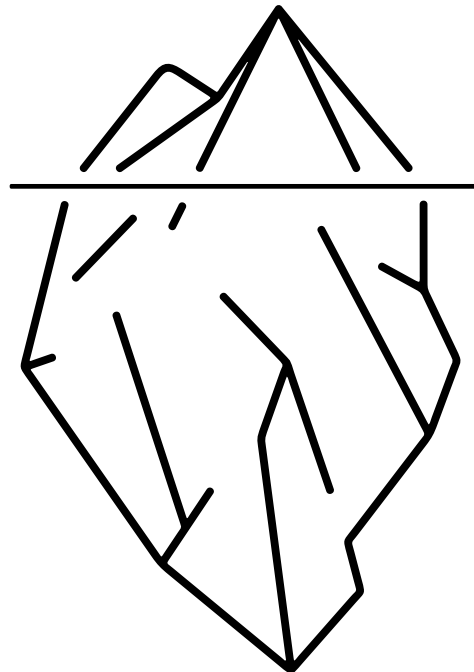
Signals
Evidence of change
that can be seen "above
the surface".

Trends
Patterns of change
resulting from the
convergence of signals.

Drivers
Deep driving forces of
change at the
intersection of multiple
STEEP+V categories.

Social Signals

Is the handshake extinct?
COVID-19 may permanently change how we interact and connect with one another — from the handshake to community gatherings, big concerts, even the hug. The future of how we connect with our families, friends, lovers, support services and community is still to be determined.

Stigma on the Farm
Recent viral mental health awareness campaign highlights the need for farmers to seek the support they need. Up to 50% of Canadian farmers suffer from anxiety, and up to 30% may have depression. Suicide rates are up to 1.5 times higher than the North American average, yet 40% of those on the farm say they won't seek help due to stigma.

Pressure on Working Mothers
Mothers of young children working from home are reporting greater stress and exhaustion, due in part to taking on a disproportionate amount of the burden of caregiving while working.

Spiking demand from youth
Kids Help Phone has seen a 300% spike in demand for their crisis texting service (April, 2020), prompting the federal government to provide $7.5 million in emergency funding to the service.

Health and Food Insecurity
Pre-COVID-19, up to 40 per cent of food-insecure Canadians reported struggles with depression, anxiety and a suite of other psychological challenges. Food insecurity has been closely linked to poor mental health, a trend that has increased due to financial challenges resulting from COVID-19. Black and Indigenous households are almost three times as likely to be food insecure as white households.

Prioritizing Prevention
A growing emphasis on prevention continues to emerge in all areas of health care: counting steps, promoting healthy eating and physical activity, adequate sleep and reducing stress are actively promoted as prevention methods to improve individual mental health. In addition, health care experts have are starting to see a shift from measuring illness to measuring prevention and wellness.

COVID and Homelessness
COVID-19 has been particularly hard on Canadians experiencing homelessness. With shelters cutting back the number of beds they offer to facilitate physical distancing, many cities have seen homeless encampments pop up in parks. The pandemic could also push more people into homeless due to job losses. The impact is compounded with rising housing prices.

Social Signals

Optimistic Resilience
Most Canadians that experienced anxiety and depression during the second COVID-19 wave are optimistic that they will recover once the pandemic is over. 65% of Canadians indicating they remain highly resilient to challenges like COVID-19.

Lifestyle Medicine
Research shows the direct link between healthy diet and a decrease in depression. Lifestyle medicine, a form of behavioural health, is gaining traction in academic circles and continues to gain momentum.

Crisis on the front-lines
Even before COVID-19, a 2019 survey found that 86 per cent of emergency physicians in Canada met at least one criteria for burnout, and around 14 per cent had contemplated suicide at one point, with six per cent having "actively considered" it. During the pandemic frontline healthcare workers are reporting rising levels of anxiety, burnout, fear, and in some cases, PTSD. HealthCareCAN recently released a statement calling for the federal government to do more for those on the front lines of care provision.

Waiting Youth
Children are experiencing extremely long wait times for mental health treatment. A new report from Children's Mental Health Ontario shows that children are waiting as long as two years for counselling and treatment for mental illness.

Technological Signals

Quantified Self
With the ever-increasing availability of mobile apps, consumer wearables, and smart medical devices, more and more people are self-tracking and managing their personal health data. Health tracking can support symptom management and illness prevention, and increases availability of individual health data - opening an opportunity for more personalized and prevention-focused approach to mental health management.

Health Data is Everywhere
With big data, sensors and integrated health data, there is more data than ever to track, understand and provide tailored individual health profiles — past, current and future.

Concierge Care
Greater sophistication and capability of AI-driven technologies is leading to greater adoption and utilization of health concierges as well as health monitoring and provision through smart home systems, IoT, mobile devices. This is leading to greater opportunities for prediction and analysis both at the individual and population levels.

The Digital Divide
Although the increase in virtual and remote health care provision creates more access to care, there is an emerging digital divide where those who do not have digital infrastructure, devices, or digital capability are excluded from care.

Rise in Virtual Healthcare
The increase in provision of virtual health care technology and options relieves the pressure on underserved rural and remote communities, while reducing wait times in clogged emergency rooms and clinics. Many during COVID have switched to online counselling sessions or over-the-phone doctors appointments.

Digital Support
There is growing technical capability to connect different sources of healthcare information digitally for people to access holistic care, and for providers to develop a better understanding of the people's experience and outcomes.

Robot Pals
Research on the use of bots and Artificial Intelligence to provide support is expanding. The creation of "virtual humans" are being used to detect and respond in real-time to enable people to open up and create rapport through responding to human gestures, facial expressions and emotional cues.

Technological Signals

E-Pharmacy
Amazon's new pharmacy service — PillPack — provides customers with a new on-demand and easy to use pharmacy option. Through PillPack, the behind-the-scene coordination between an individual's doctor and insurance provider is managed by PillPack. Free of cost, the medication is ordered online and filled, delivered and refilled seamlessly.

On-Demand Counselling
New platforms are emerging where people seeking support can connect with licensed therapists online. Companies such as Talkspace are making professional psychiatry services more accessible and affordable. Virtual counselling can be accessed virtually, eliminating commute time and reducing the stigma associated with therapy. In addition, companies provide 24/7 access that goes beyond a 1 hour session - people can reach out to their therapists at any time through video chat, phone call or text message.

Mixed Reality
Mixed reality (MR) combines the physical and digital realms and encompasses a number of technologies—including augmented reality (AR), virtual reality (VR), 360-degree video, and holograms. Each of these technologies requires an interface of some kind: touch or gesture-based, voice-controlled, an eye tracking system, or a combination of various bio-inputs. Nearly every industry can use these technologies, whether it's teaching anatomy to medical students and training remote employees in technical skills. Virtual reality simulations of green spaces have been proven to decrease feelings of anxiety, sadness, and depression.

Environmental Signals

Climate-Created Conditions
The climate crisis is presenting an increasing threat to the health of Canadians. Climate-related health risks in Canada include increased heat stroke and death from heat waves, respiratory impacts from wildfire-related air pollution, risk of damage to priority and associated societal disruption from floods, and mental health challenges related to eco-anxiety, ecological grief, and PTSD from extreme weather events.

Shift from hospital care to home care
Companies like Ready, in the Southern United States, enable patients and their families to request home healthcare through an app that connects patients and a network of paramedics, EMTs and nurses. Started as a way to lessen the burden on hospitals and emergency rooms, this approach now enables healthcare providers to evaluate additional factors in patient care - such as safety, home conditions and whether they have enough food in the fridge.

Access to Nature
The benefits of spending time outside have now been widely recognised to improve both physical and mental health. However, access to these spaces is unequal and COVID has brought awareness of these inequities.

Increasing Eco-Anxiety
Defined by the American Psychological Association as "a chronic fear of environmental doom", eco-anxiety is increasingly affecting young Canadians, leading to mental health concerns.

Climate Care
As the climate crisis becomes increasingly urgent as a threat to human life, healthcare is increasingly understood within the context of planet and societal survival.

Economic Signals

Unpredictable Employment Landscape
More than 3 million Canadians lost their jobs in March and April as a result of COVID health restrictions, highlighting the need for Canada to prepare for unexpected shocks to the labour market. The impact on employment sectors typically populated by vulnerable, low-income, young, and/or financially insecure workers (hospitality, retail, unskilled labour) - which may result in long-term implications for the individual and collective mental health and wellbeing of Canadians.

Corporate Support
An increasing number of corporations have begun offering greater mental health and wellness offerings to their employees, such as wellness stipends, greater allowances for counselling and emphasis on work-life balance. Alongside this, more corporations are supporting CSR initiatives to support mental illnesses and organizations across Canada.

Equity Gap
The financial burden that comes with accessing services indicates an equity gap in the current mental health care system; a gap that continues to increase due to the economic crisis.

Reduce Entrepreneurism
The economic crisis has resulted in many small business closures, and a slower pace of business creation. Could this elevated risk environment reduce entrepreneurism in Canada?

Social Determinants
Covid is driving greater variations in personal, social, economic and environmental factors are creating deeper health inequalities that limit certain populations' access to health prevention and treatment options. The wealth gap may continue to increase post-COVID as income insecurity and temporary work rises, which disproportionately affects lower-income populations.

Economic Signals

Job Loss Impacts
Unprecedented job losses due to COVID-19 have severely impacted the mental health of Canadians. For those Canadians recently unemployed, 57% cite the negative impact of job loss on their mental health.

The Rising Cost of Disability
Mental illness is a leading cause of disability in this country, preventing nearly 500,000 employed Canadians from attending work each week. The cost of disability leave as a result of mental illness is about double the cost of leave due to physical illness. The economic burden of mental illness in Canada is an estimated $51 billion per year including health care costs, lost productivity and reductions in health-related quality of life.

Hard at Work
A recently study from Morneau Shepell's Mental Health Index shows that almost 4 in 10 employees are less motivated at work since the start of the pandemic. This could be tied to ongoing strain and emotional exhaustion. The worst mental health scores were among employees working from home as a result of the pandemic. These trends highlight the need for employers to prioritize mental health resources.

Political Signals

Innovation Now
The increased rise and popularity of health apps, sensor enabled health tracking and monitoring and development of health concierge services and offerings are providing much more efficient and convenient health solutions for some health services, leading to a rise in public impatience with certain outdated, legacy health delivery and decision making systems that are complex and opaque.

Extreme views
There is an increase in political uncertainty, extremism and unpredictability (impact of hostile foreign agents utilizing power of social media, etc.). Could these stressful and fearful situations be contributing to an increase in anxiety and depression?

Publicly-funded programs
Community mental health services are historically chronically underfunded in Canada. These services are becoming more essential than ever as a first point of care, due to COVID-19.

Health Data Ownership
Individuals are producing more data than ever before. Changes in data security, privacy and regulation could shift who can access data and who owns it.

Funding Priorities
With the global push to develop a COVID-19 vaccine, there are questions around how this may impact investments in mental health research, treatment and services.

Introduction of National Pharmacare
Roughly 20% of Canadians either have inadequate or no prescription drug coverage. The recommendation is for Canada to establish a new drug agency to cover an initial list of common and essential drugs.

Political Signals

Doctors Orders

The ongoing decriminalization of recreational drugs, such as cannabis and psychedelics, are creating emerging para-pharmaceutical industries, forcing us to revisit our cultural norms. In 2019 Denver became the first city to decriminalize psilocybin, or "magic mushrooms". Although decriminalization's main goal was to keep users out of jail, there is a rise in research on the application of psychedelics, ecstasy and ketamine as potential therapies for PTSD, anxiety and depression.

Raising Awareness and Dollars

Greater awareness on mental health as a result of COVID-19 may be contributing to normalization and reduced stigma. Could this be leading to more pressure on decision makers to fund long-term mental health care in the future?

Rapid Housing

The Canadian Government recently announced a $1 billion Rapid Housing Initiative (RHI) to help address urgent housing needs of vulnerable Canadians by rapidly creating new affordable housing.

Value-Based Signals

Holistic Health
The conceptualization of Healthcare is expanding to include more holistic, wellness oriented and preventive self-care practices, including meditation, fitness, access to healthy foods and access to nature and green spaces.

Rural Access to Care
Canadians living in remote and rural settings are at a greater risk of weight issues, smoking, arthritis/rheumatism, high blood pressure and depression, exacerbated by lack of employment opportunities, affordable housing, lack of access to services and fragmented and inadequate access to and delivery of care.

Cultural Sensitivity
A recent study showed 65% of youth polled believe that there is a lack of culturally sensitive resources available for mental health support.

Proactive Insurance
From large companies like Sunlife to smaller organizations like RBC Insurance, Providers are including mental health wellness resources such as apps, and covering holistic care resources such as yoga.

Role of Patient
In many areas of healthcare, patients are increasingly proactively involved in their care, treatment and utilization and ownership of their health data. Patient advocates promoting patient-centred care approaches seek to empower patients by placing them at the centre of the care system. There is growing pressure on governments and the private sector to support this shift, in the face of slow response and resistance from much of the healthcare establishment.

Anti-Racism
Recent acts of terror and violence have heightened the focus on systemic racism. A greater emphasis is being placed on the individual, while organizations and institutions are being called to explore their roles in upholding and dismantling the oppressive systems that directly impact Black and Indigenous peoples across the country.

Value-Based Signals

Self-Medication

Canadians have increased their use of substances in 2020 as a way to cope, indicating a trend towards self-medication. 22% of people in Ontario have increased alcohol use, while many have also increased their use of other substances, including cannabis (12%) and prescription medication (8%). The increase in cannabis use is seen particularly among youth, indigenous peoples, LGBTQ2+ people, and those with a pre-existing mental health condition.

Efficacy of Awareness Raising Campaigns

Bell Let's Talk and other "non- health system situated" organizations and initiatives are increasing awareness and destigmatization of mental health issues.

The New Roaring Twenties

As the pandemic recedes and normalcy returns, it is anticipated that there will be a flurry of "revenge shopping", and pleasure/recreational activity seeking. This, however, will not be for everyone, as large sectors of society continue to struggle with loss of income, lack of employment and poverty.

Health System Trends

The Roadmap to Wellness
Ontario government "Roadmap to Wellness". A 3.8 billion dollar commitment to improving the mental health system in Ontario. This is a response to: long wait times; little understanding of what services are available and where to find them; uneven service quality between providers and regions; fragmentation and poor coordination; lack of evidence-based funding; and absence of data, which limits effective oversight and accountability.

The Long Clinical Shadow of Covid
Due to the healthcare system's focus on COVID, populations managing chronic and non-acute issues are not being monitored or accessing care. This may lead to an increase in demand for care as normally manageable conditions worsen.

The Shadow Pandemic
There is a significant rise in incidents of domestic violence across Canada. At the same time, a lack (and in many cases reduction) of system supports and resources due to the pandemic mean that many of the victims are not receiving help.

Risk Aversion as a Barrier to Innovation
There is still a profound aversion to risk and therefore new practices in the health system. This prevents an iterative and exploratory approach to developing new and promising solutions to the critical problems in the mental health system.

Care from the ground up
Often in response to a lack of care support and resources, there is an increase in informal, peer to peer mental health and community support groups. These are often situated in areas and populations with poor healthcare access, such as remote communities, communities living with poverty, and marginalized communities. These informal groups and organizations are beginning to be recognized by the health system and certified.

The Rise of Big Hospital
Hospitals (e.g. CAMH) are increasingly expanding their services into the community care space. Without an integrative approach, there is a risk of further complicating an already fractured and siloed service landscape.

The Big Urban Shift
There will be fewer small businesses in urban centres post covid, and many employers will continue to allow working from home. Large cities are already seeing a demographic shift away from urban centres to smaller, more affordable locations.

Health System Trends

Funding Uncertainty

As Provinces and the Federal Govt. struggle with debt management and providing stimulus to the economy, there is uncertainty as to how well the heath system as a whole will be funded going forward. The mental health system was poorly funded before the pandemic, and it is possible that this situation will continue.

Retaining the New Telehealth Capacity

The increase in telehealth and remote care innovation and capacity created during COVID may be retained as an effective means of care provision for populations and groups who have traditionally not been well served. It is uncertain, once the pandemic recedes and the system normalizes, whether these approaches and resources will be retained.

The Fourth Wave

The pandemic causes more mental health stress to the large population of people who have previously coped or self managed. Inbeing forced to seek MH support and help, this new patient population creates additional demand on the system.