Brief Submitted to the Standing Committee on Health

Emergency Situation facing Canadians in Light of the Second Wave of the COVID-19

In support of Dr. David Edward-Ooi Poon appearing at committee on November 30th 2020

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Executive Summary:

The Faces of Advocacy are a grassroots Canadian organization established to safely reunite families in Canada during the COVID-19 travel restrictions. We are directly responsible for the Extended Family Travel Exemptions announced on October 2nd 2020. As Canadians brace for a second wave of COVID-19, government policies must ensure families are reunited and kept together in order to abate the shadow pandemic of a mental health crisis. A coordinated, federal strategy must be implemented.

We indexed the mental health of over 1200 of our members using validated clinical tools, showing a near doubling of suicidal/self harm thoughts due to COVID-19 related family separation. 60-70% of respondents showed moderate to severe symptoms of anxiety, depression, and/or PTSD, where 49% of respondents had never been diagnosed with a mental illness prior to the family separations. Only 34% felt that they had adequate mental health support during the pandemic, and 84% responded that their mental health decreases the longer they are separated from their family.

Family is essential, in life and in death. COVID-19 forces us to face mental health challenges in both. This briefing recommends strategies to reunite families safely, reasonably accommodate end of life reunification in a considerate manner, while simultaneously promoting and protecting mental health.

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References

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Faces of Advocacy: Mental Health Index Summary

These are the results of an indexing of over 1200 of Faces of Advocacy members in terms of the state of their mental health, conducted at the end of August 2020. Validated mental health rating scales were used to assess mental health symptoms after family separation. These are the **PHQ2** (Depression), **GAD7** (Anxiety), and **PCL-C** (Post Traumatic Stress Disorder {PTSD} in civilians). These tools are validated for patients to be able to answer, and while they are not administered by a healthcare professional and likely cannot be diagnostic, they still offer an evidenced-based look into the mental health effects due to the COVID-19 travel restrictions. [1]

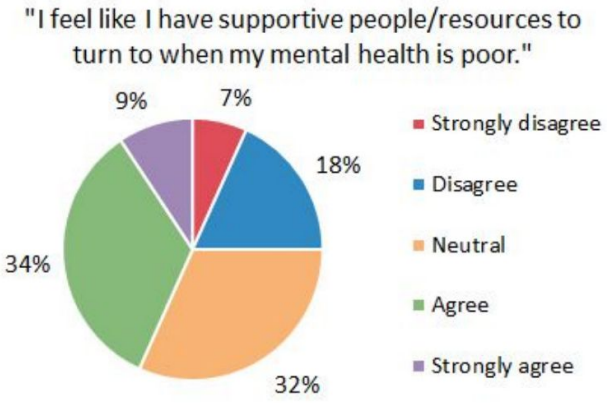
Depression:

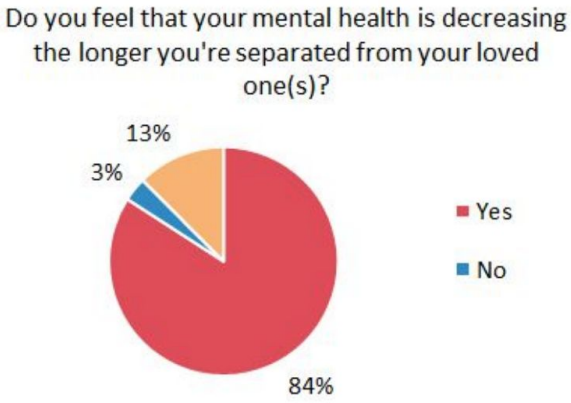
49% of respondents answered "I've never been diagnosed with a mental illness." Despite this, **69.1% would screen positive** for symptoms of clinical depression.

Suicidality:

16% of respondents had a history of self-harm and/or suicidal thoughts prior to the travel restrictions. This number **nearly doubles** to **30%** after family separation.

Supports:





[1] Full Report: https://www.facesofadvocacy.com/wp-content/uploads/2020/09/Sept19-Mental-Health-Index-Report.pdf

Everyday Humans Trying Their Best to Survive

"Life doesn't feel worth living… fixing it is out of my control. I don't know how long I can keep going."

"After 225 days apart and no history of mental health issues, my most recent panic attack was last night."

"As a healthcare provider I have never fully understood addiction until the separation from my partner. The constant feelings of despair, hopelessness, sadness, and anxiety [since March] gave me this unwanted lesson."

"I cry. My son cries. He thinks it's his fault."

These voices belong to people in Canada, citizens and otherwise - everyday humans simply trying their best to survive.

COVID-19 is a devious, malicious virus. Not only does it make us sick but it sows seeds of doubt, anxiety, and suspicion. It ravages the bodies of those it infects while ravaging the minds of those desperately attempting to stay healthy. Indeed, this virus has contaminated one of our most basic human needs and desires: *social connection.* In order to curb the rates of infection, citizens in countries worldwide have been told to socially isolate, and rightfully so; with a virus as cunning as COVID-19, this is one of the most basic and foundational methods we have of fighting back.

In the wake of these practices, the fact that humans are social animals is clearer than ever before. While positive social connections contribute to meaning and fulfillment in our lives, the absence of healthy connection is detrimental to every facet of our lived experience. Isolation and loneliness are not new concepts, but it is evident that the COVID-19 pandemic has drastically increased the sense of isolation that people in Canada feel every day.

It is all too easy to disregard the long-term impacts of a pandemic when battling the immediate physical dangers. We sometimes forget that people are complex beings with nuanced and nebulous needs - needs that I fear are now stigmatized in our current climate. Dare we say that we're considering flying internationally to be with our partner? Can we share with others that we want nothing more than to hold our fiance? Do we trust others to understand that we ache to be with family during such tumultuous times as these? People in our position value the safety of Canadians as much as anyone else in this country, but

we feel marginalized by the simple fact that our love is not confined within borders. In a world with advanced social technologies, it should be no surprise that loving relationships have blossomed across the globe.

The COVID-19 pandemic is a singularly traumatic event for many. The truth is that social connection is a "strong predictor of resilience" following disasters and devastating experiences (Saltzman et al., p. S55, 2020) and is an essential precursor to adaptation and growth. Failing to consider the echoes of this pandemic in our future would not only be foolish, but irresponsible and unethical. The government has a duty to care for the wellbeing of people in Canada - first and foremost, now and for always.

Social isolation is objective; it is also one side of a coin. Trad et al. (2020) state that the subjective flip-side of that coin is loneliness, which is a determinant of health that may often be overlooked. Loneliness poses a "greater risk of premature death than obesity, inadequate physical activity, or air pollution" (Trad et al., 2020). From a psychiatric perspective, loneliness is associated with depression, anxiety, self-harm and suicide attempts, as well as substance abuse, domestic abuse, and child abuse (Holmes et al., 2020). Do rigid regulations outweigh the long-term consequences of isolation and loneliness? Are slow and disordered travel authorizations sufficient to prevent mental illness in Canadians and their loved ones?

Consider being apart from someone you dearly love during these uncertain times. Perhaps it's your mother, brother, partner, or child. Now imagine that they are in the hospital being treated for COVID-19. Your only solace is imagining yourself there with your loved one, who is likely bedridden in an unfamiliar environment, surrounded by unfamiliar people, as life leaves their defeated body with every pump of the ventilator. You may comfort yourself knowing that, at the very least, a compassionate nurse was by their bedside when they died; however, a recent Swedish study found that hospital staff were present in only 38% of COVID-19 deaths (Strang et al., 2020). The demand on hospital staff is unprecedented, and it is unrealistic to expect that they can be at every bedside as final breaths are drawn.

Your loved one dies and you are shattered. A distressing event under normal circumstances, compounded by the fact that you weren't there for those last words and final touches. Understandably, the long-term impact on the survivors left in the wake of a COVID-19 death is traumatic. "Being present [when a loved one dies] is for most relatives experienced as something highly symbolic and is also a source of comfort during the bereavement process" (Strang et al., p. E6, 2020). Moreover, the family's ability to be at the bedside allows them to act as "the patient's guardians and advocates, health historians, and informal

caregivers" (p. E6) which may feel like the final way in which they can love and serve the dying person. When these patients die alone, it affects them and their loved ones on a social as well as existential level (Strang et al., 2020). I am reminded of Donna McCall. Though it was not COVID-19 that took her life, it was COVID-19 that kept her and her family apart until it was too late. We will always remember Donna.

During my time on the Faces of Advocacy team, I have posted daily "care threads" where our members can comment with their thoughts and emotions. I have read the countless stories of intense suffering. I have been personally contacted by members who simply don't know where else to turn. We are a resilient people but our hope, strength, and optimism are not in endless supply.

The studies and anecdotes are clear. Human connection is not a privilege or a frivolous desire. Human connection is a basic need, such as food or shelter. Doing what is best for people in Canada certainly includes limiting the spread of the virus, but it encompasses so much more than that. We are complex creatures and cannot be holistically healthy without regulations that bend and adapt as our world changes around us. I fear that it feels simpler and safer to focus on the numbers, graphs, and costs, rather than the people behind them. I ask you to put those aside as I read the following cry for help:

"I had to talk my fiance down from suicide two times over our past 8 months apart. How do you support your loved one through such anguish from 2,600 km away?"

For Donna: Donna McCall is a Canadian woman who fell in love with an American man, John McCall. They married in Madoc, Ontario on April 23rd 1983. They have two adult children, both born in the United States. She is an ICU nurse.

Donna was diagnosed with liver failure just as the COVID-19 travel restrictions were put into place. The McCall's pleaded with the Canadian government for a compassionate exemption to enter Canada. Donna died on August 10th 2020. She said goodbye to her children on Facetime.

"The inability to carry out the normal family rituals that accompany the death of a loved one are understandable but it makes grieving a never ending process. You try your best but you still feel a horrible gap because you were never able to remember a loved one in the traditional manner of ones family. I think the rituals surrounding a family death are critically important to the close survivors ability to overcome the grief." - Donna's husband, John McCall

We advocate in honour of her.

The Mental Health Impacts of a Separated Last Goodbye: Insights from the ICU

As an ICU nurse, having seen first hand how COVID-19 has affected patients and family members, there is a substantial need to focus on reducing the effects of mental health tied to COVID-19 in ICU. A stressful and emotional burden is placed on patients and family.

During the start of the pandemic there was no real protocol in place for family member visitation, so each hospital decided on their set of protocols. Due to high infection rates of COVID-19, many hospitals decided on an absolute “no visitor” policy to keep their patients as well as employees safe.

Although this might have been a good idea in hindsight, I came to learn that this heavily affected our patients and their family members mentally and emotionally. The patients who came to ICU were already placed under a great deal of stress of having contracted COVID-19, but now they were forced to go through this extremely stressful situation alone without the comfort of family and friends. Many patients admitted to the ICU were elderly and of minority, some who have never been admitted to a hospital before.

What our patients see is frightening and stress inducing and affects them mentally. Surrounded by strangers in full suits, not being able to see faces, forcibly having needles inserted in them, given sedation and narcotics to make them drowsy, then having someone insert a metal tube down their throat followed by another plastic tube that goes all the way into their lungs. All this while the patient is still struggling to breathe, and if they don't comply, their hands are restrained. Patients would frantically request to see their family and family/friends would call the front desk anxious to know how their loved one is doing. Patients should be given the opportunity to see their loved one to help understand this is for their benefit, and as a result increasing mental health.

This experience alone would induce severe PTSD. And still we are asking people to do this on a daily basis and many of these are people who are completely dependent on someone else. I have experienced many situations where elderly men and women who have been married for 40 to 50 years and have never separated from their spouse for more than a few hours. The spouse is forced to stand outside the room and watch their loved one pass away slowly, unable to hold their hand or comfort them in the last few moments of life. Having a loved one by the bedside many times reduces disorientation and delirium in patients and as well as reduces the need for anxiety medications.

In order to rectify and reduce the impact that COVID-19 has on mental health, I would suggest a unified protocol across all hospitals and healthcare organizations so that patients are able to safely see and interact with their loved ones while in hospital. First I believe some basic education is necessary when bringing family in to see patients. They will need to be taught exactly how this virus is spread, how to prevent/minimize the spread specifically in the patient room and within the hospital, how to keep family members safe if the patient has COVID, and lastly how to keep the patient safe from family/friends who might be unknowingly carrying the virus.

At the start of the pandemic, having sufficient supplies was an issue. However, it seems over the last few months, the issue of inadequate supplies has gotten much better. Family and friends should be allowed to visit the patient and should be provided proper PPE. Each person must wear a facemask, gown, gloves and face shield as per hospital protocol. If family members are given a set amount of time each day (1-2 hours) to at least come see their loved one, it would greatly reduce the stress and anxiety caused by the unknown of COVID, reduce the length of ICU stay by decreasing delirium and reduce the need for chemical restraints as patients would be comforted by family.

Recommendations

1. *Donna's Rule*: Family reunification must be prioritized to protect the mental health of Canadians. Easily verifiable immediate and extended family members must be offered an expedient, timely method in which to apply for compassionate exemptions. The Ministry of Health, alongside IRCC, Public Safety, and others, must offer a reasonable path for family members to reunite at times of crisis.

2. *Last Goodbye Protocol*: There must be federal guidelines ensuring reasonable accommodations for Canadians families to have an appropriate bedside presence. Provided that sufficient resources such as Personal Protective Equipment (PPE) are available, hospitals must allow culturally sensitive and safe opportunities for some family to be present for critically ill patients.

3. A *Federal Mandate for Virtual Care* under the Canada Health Act protecting virtual/phone billing codes for primary care and mental health physicians to ensure accessibility, comprehensiveness, and portability of mental health-care for Canadians. This mandate must consider that physicians licensed to work in Canada may be displaced during the pandemic, but are still able to provide virtual treatment.

4. Health Promotion strategies must be applied to increase awareness of existing virtual mental health supports - online messaging/social media strategies must adapt as conventional messaging methods may not be applicable during COVID-19. Focused strategies to address suicidality, self harm, and intimate partner violence (IPV), otherwise known as domestic violence, must be highlighted in any mental health strategy. The social isolation of Canadians during the pandemic can lead to increased, and unnoticed, harm to self and others. Suggestions include clear public messaging about confidential supports, treatment facilities, and housing options. Health care workers must be explicitly trained to screen for risk factors in a careful and delicate manner that does not further jeopardize vulnerable populations.

5. The mental health of Canadians can deteriorate when seeing others act in violation of public health guidelines without penalty. Health Protection mandates, such as social distancing and masking, must be enforced either by incentive or penalty. Incentives can include tax breaks for businesses following COVID precautions. Penalties can include public displays of COVID compliance on the doors of a business. Individual incentives can be free masks for those who cannot afford one, and tickets to those found in violation of COVID precautions (outside of medical exemptions). Health Protection must be effectively enforced in order for businesses, schools, and public spaces to operate. Lockdowns are not

indefinitely sustainable - enforced, medically safe protocols (including limits on number of people in enclosed spaces, well defined 6 meter apart markers) must be implemented to protect Canadians.

6. *End of the Tunnel Health Strategy*:

a) A federally managed *National COVID-19 Vaccine Program*. Provincial distribution would be subject to possible inequitable distribution amongst the most vulnerable. Immunizations for COVID-19, when available, must be equitably distributed at no cost. This includes the elderly and the immunocompromised. This must be paired with a modern country-wide surveillance system to ensure proper calculations of response and attack rates, immunity, and outbreaks.

b) Once COVID testing is proven to be reasonably accurate, a federal inquiry into testing must be considered as a replacement for 14 day quarantine. A regulated, opt in private payment method to obtain this testing should be considered in tandem with a free government funded option.

About Faces of Advocacy: Faces of Advocacy is a grassroots organization dedicated to safely reuniting Canadian families separated from their loved ones during the COVID-19 related travel restrictions. Founded in May 2020, we have been featured in national and international news media, ranging from CNN to CTV, from the New York Times to a print only paper in small town Ontario. Our 9,500+ members span the globe, and participate in our weekly letter writing campaign to government officials, "Reunification Thursdays." We have spoken on Parliament Hill, been represented during Question Period, and hosted the first of its kind Virtual Rally for Family Reunification with MPs present from every Canadian political party. Our advocacy directly resulted in Extended Family Travel Exemptions announced October 2nd 2020 by Ministers Mendicino, Hajdu, and Blair. We continue to advocate for those who cannot advocate for themselves, focusing on the physical and mental health of Canadian families.

We are not asking for open borders. We are just asking to be together.

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