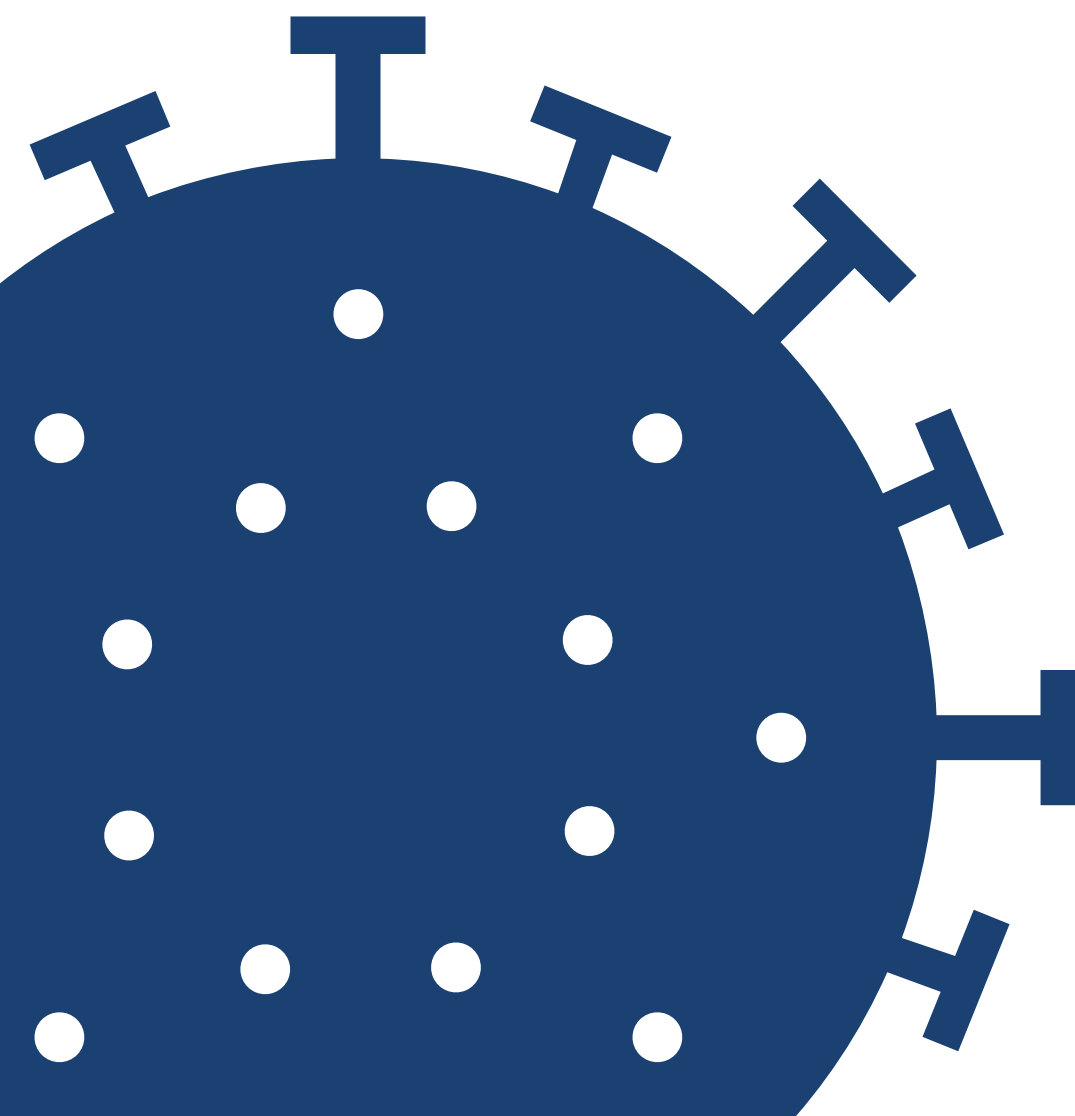
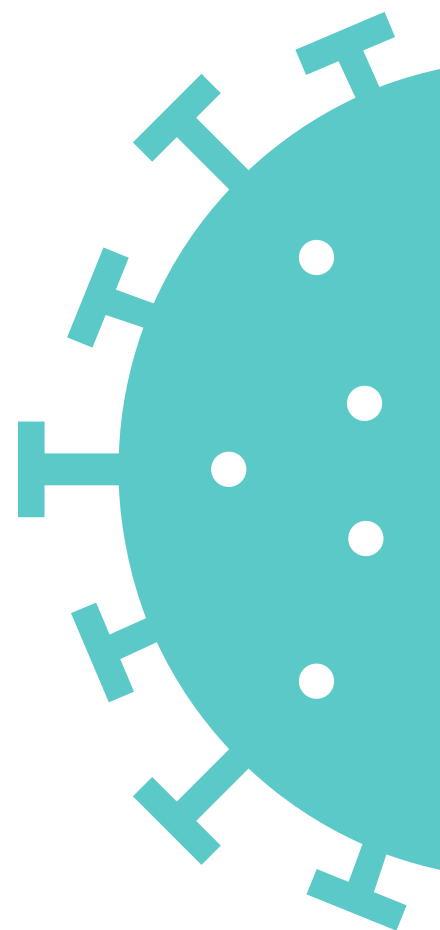


RURAL RESPONSE TO COVID-19

Mental Health Across Perth-Huron



MARCH
20
21

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Collecting locally focused, locally relevant data that policymakers, non-profit organizations, and service providers can use to ensure that whatever it is that they do is appropriate, important, and reflects what the residents of their communities need.

| Leith Deacon, PhD



Words from the project lead.



The World Health Organization (WHO) declared COVID-19 a pandemic on March 11, 2020 advising all countries to implement a number of restrictions (e.g., social distancing) to curb the spread of the virus. Governments have instituted measures to contain the spread of COVID-19 including population-level containment strategies (e.g., quarantine, isolation, school and business closures).

While research has examined the impacts of COVID on individuals, economics, and organizations, these have largely been focused on urban concerns. In Canada, approximately 20% of the population, or eight million people, reside in non-urban areas.

It is critical that the experiences of rural Canadians are included in policy decisions.



Goal & Objectives

Research Goal

The goal of this project is to examine the experiences of residents from two rural Counties (Perth and Huron) related to COVID-19.

In order to reach the research goal, four objectives were developed:

- 1 Identify vulnerable populations in Perth and Huron Counties affected by COVID-19.
- 2 Determine priority programs to support vulnerable populations during and post-COVID-19.
- 3 Explore opportunities for the non-profit/charitable sector during and post-COVID-19.
- 4 Identify emergent mental health and economic concerns generated by COVID-19.

We're providing locally relevant, reliable, and valid data that can be used to advocate for funding and enhance policy development

Rural Response to COVID-19

Areas of Focus

The Rural Response to COVID-19 project is about collecting locally relevant, contextually reflective data. The project was designed in consultation with a Research Advisory Group (RAG) consisting of representatives from the not-for-profit sector, municipal government, resident groups, and local stakeholders.

These consultations informed five focus areas.



Reports in this Series



Mental Health and
Well-Being



Housing and
Homelessness



Economic
Development



Gender



Project Summary:
Resilient Communities



Research Methods

Research Design

This project employed a mixed-methods research design, combining quantitative and qualitative methods.



Quantitative Survey

In August 2020, a quantitative survey was distributed across Perth and Huron County. In Perth County, the survey was distributed across all social media accounts and promoted on a variety of mediums.

In Huron County, in addition to the distribution across all digital platforms, every household received a hard-copy that included a prepaid, self-addressed return envelope.

In the Town of St. Marys, in addition to the distribution across all digital platforms, every household received a paper copy without a self-addressed return envelope.

We received nearly 3,500 completed surveys. Each survey included over 120 questions. The response rate was approximately 12.6%.



Snapshot Results - Mental Health

45%

*Decrease in
'excellent' self-
assessed
mental health*

79%

*Increase in self-
identifying fem-
ales who report
poor mental
health*

92%

*Increase in self-
identifying males
who report poor
mental health
with an income
under \$50k*

100%

*Increase in self-
identifying males
aged 18 - 29 who
report poor
mental health*



Rural Impacts

Rural communities are highly vulnerable to the impacts of COVID-19 due to their unique characteristics (e.g., demographics (i.e., increased percentage of older residents), insufficient service access (i.e., digital, social, and medical)).

Detailed Project Overview

This project is about gathering data about the experiences of rural residents related to COVID-19. In order to ensure that response plans, policies, and program are effective, it is critical that local data is used to inform decisions. This report is one component of the project, there will be five reports that will be released to highlight some of the thematic findings.

This report provides a snapshot of the mental health-related results. Mental health has received a considerable amount of attention since the start of COVID-19. Conversation between friends, family members, and neighbours have brought needed attention to the need for rural-appropriate services for mental health. However, without reliable and valid data, advocating for increased support for mental health services is difficult. These results can be used to advocate for specific services that currently are either ineffective or lacking altogether.

In consultation with a research advisory committee, the goal of this project was to explore the experiences of residents from across Perth and Huron Counties related to the ongoing COVID-19 pandemic. In order to reach this goal, four objectives were developed: 1) Identify vulnerable populations in Perth and Huron Counties affected by COVID-19; 2) Determine priority programs to support vulnerable populations during and post-COVID-19; 3) Explore opportunities for the non-profit/charitable sector during and post-COVID-19; and 4) Identify emergent mental health and economic concerns generated by COVID-19.

A quantitative resident survey was developed as the data acquisition method. The survey was divided into five sections: i) Demographics; ii) Individual well-being; iii) Social behaviour; (iv) Day-to-day living; and v) Planning and Preparedness. Questions included two stylistic types: multiple choice and likert scale. Respondents were asked to answer questions in three distinct time periods: Before the COVID-19 pandemic (before March 1, 2020), since the start of the COVID-19 pandemic (after March 1, 2020), and to look forward after the COVID-19 pandemic is over.

All data collected was confidential and anonymous. Only the research team from the University of Guelph were able to access the raw data file. The project was reviewed and approved by the University of Guelph Research Ethics Board (REB # 20-05-020).

Data was collected from August - November 2020. All collected data was uploaded into Qualtrics data management software.

Detailed Project Results

Descriptive results

In total, nearly 3,500 surveys were completed.

- Approximately 74% of respondents identified as female
- The largest age cohort was 60 - 69 years (27%) followed by 70 - 79 years (19%) and 50 - 59 years (17%). These brackets are representative of Statistics Canada data for the region.
- The sample included a higher than national average post-secondary education attainment (75% versus 68%).

Mental Health Before March 1, 2020 and after March 1, 2020

- 45% decrease in respondents who self-assessed their mental health as excellent
- 26% decrease in respondents who self-assessed their mental health as good
- 57% increase in respondents who self-assessed their mental health as satisfactory
- 78% increase in respondents who self-assessed their mental health as poor

Mental Health by Sex Before March 1, 2020 and after March 1, 2020

- 55% decrease in self-identifying female respondents who self-assessed their mental health as excellent versus 26% decrease in self-identifying male respondents who self-assess their mental health as excellent.
- 30% decrease in self-identifying female respondents who self-assessed their mental health as good versus 15% decrease in self-identifying male respondent who self-assessed their mental health as good.
- 60% increase in self-identifying female respondents who self-assessed their mental health as satisfactory versus 40% increase in self-identifying male respondents who self-assessed their mental health as satisfactory.
- 79% increase in self-identifying female respondents who self-assessed their mental health as poor versus 76% increase in self-identifying male respondents who self-assessed their mental health as poor.

Mental Health by Income Before March 1, 2020 and after March 1, 2020

The most significant results are from respondents who indicated they have less than \$50,000 annual income (inclusive of all sources before tax).

- 47% decrease in respondents who self-assessed their mental health as excellent
- 79% increase in respondents who self-assessed their mental health as poor.

Detailed Project Results

Mental Health by Age Before March 1, 2020 and after March 1, 2020

18 - 29 years

- 71% decrease in respondents who self-assessed their mental health as excellent
- 50% decrease in respondents who self-assessed their mental health as good
- 42% increase in respondents who self-assessed their mental health as satisfactory
- 80% increase in respondents who self-assessed their mental health as poor

30 - 39 years

- 66% decrease in respondents who self-assessed their mental health as excellent
- 50% decrease in respondents who self-assessed their mental health as good
- 42% increase in respondents who self-assessed their mental health as good
- 89% increase in respondents who self-assessed their mental health as poor

60 - 69 years

- 41% decrease in respondents who self-assessed their mental health as excellent
- 20% decrease in respondents who self-assessed their mental health as good
- 50% increase in respondents who self-assessed their mental health as satisfactory
- 76% increase in respondents who self-assessed their mental health as poor

Mental Health by Sex and Age Before March 1, 2020 and after March 1, 2020

Results indicate the mental health of respondents between 18 - 29 have been the most impacted by COVID-19.

- 78% decrease in self-identifying female respondents who self-assessed their mental health as excellent versus 60% decrease in self-identifying male respondents who self-assess their mental health as excellent
- 76% increase in self-identifying female respondents who self-assessed their mental health as poor and 100% increase in self-identifying male respondents who self-assessed their mental health as poor.



WHAT NOW?

What can we do?

Overview

The goal of this project is to explore the experiences of rural residents from Perth and Huron Counties related to COVID-19. Like all Canadians, rural residents have been impacted by the ongoing pandemic. However, due to the unique characteristics of rural communities, it is critical that policy, programs, and response plans are reflective of their realities.

Mental Health

This report began by highlighting the informal conversations that are ongoing between friends, families, and neighbours about the serious impacts of COVID-19 on our mental health. Data from the Rural Response to COVID-19 project corroborates these conversations; the mental health of all residents has been negatively impacted however, self-identifying females, individuals under 30 years of age, and individuals with an annual income of less than \$50,000 have been disproportionately impacted with statistically significantly impacted.

There is a need to ensure that Canadians are not be painted with the same brush; rural residents do not face the same challenges as their urban counterparts. Similarly, rural residents are not a monolith and it is critical that policies, plans, and response plans recognize this. There is a need to ensure that all members of society are able to see themselves reflected in decision-making. *There is a critical need to recognize that self-identifying females and young adults (under 30 years) are experiencing a mental health crisis.* We must ensure that adequate services are available.

Potential actions:

- Develop appropriate resources for self-identifying females and individuals under 30 years of age
- Develop education campaign to ensure that the general public is aware of the supports that are available
- Decrease the stigma around mental health - particularly for self-identifying males - create safe spaces for dialogue to raise awareness of the mental health crisis
- Response plans should be representative of the population that is being targeted. That means ensuring that all residents, all ages, all cultures are able to see themselves in plans and policies. Need to recognize that rural is not a monolith - rural residents are not homogenous and should not be painted or described as such.

Rising Above 2020 Looking Ahead

As we round the corner from COVID-19 and begin to think about vaccinations and how things will look in the future, there are opportunities to ensure that we're [re]creating spaces and places that promote well-being and improved mental health, decrease stigma around saying "I'm having a hard time", and ensuring that resources are available and a level of public awareness exists to ensure that, if some one is in need, all citizens are able to know where to point them.



Social Research &
Planning Council



United Way
Perth-Huron



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HURON PERTH
**Addiction &
Mental Health**
ALLIANCE

CONCERNED ABOUT YOUR MENTAL HEALTH? WE ARE HERE FOR YOU!

*If you or someone
you know needs help
and don't know
where to begin...*



Huron Perth Helpline & Crisis Intervention Team

1-888-829-7484

MENTAL HEALTH & ADDICTIONS SERVICES IN HURON AND PERTH COUNTIES



HURON PERTH HEALTHCARE ALLIANCE STRATFORD GENERAL HOSPITAL

Mental Health Services
519-272-8210 Ext. 2205
www.hpha.ca

Prevention and Early Intervention
for Psychoses
1-866-527-8421
www.hpha.ca/pepp



HURON-PERTH CENTRE FOR CHILDREN AND YOUTH

Stratford Office
519-273-3373

Clinton Office
519-482-3931

Listowel Office
519-291-1088
www.hpcentre.on.ca



CHOICES FOR CHANGE

Alcohol, Drug & Gambling
Counselling Centre

1-877-218-0077
www.choicesforchange.ca



ALEXANDRA MARINE GENERAL HOSPITAL

Out Patient Mental Health Services
Huron Community Mental Health Services

Huron Perth Clinical Intensive
Case Management Program

Huron Outreach Eating Disorders Program

519-524-8316 or 1-877-695-2524
www.amgh.ca/
mentalhealthoutpatientservices



Canadian Mental
Health Association
Mental health for all

CANADIAN MENTAL HEALTH ASSOCIATION

CMHA HURON PERTH

Stratford Office
519-273-1391

www.cmha-hp.on.ca

CMHA MIDDLESEX

Exeter Office
519-235-0335

Goderich Office
519-440-0450

www.cmha-middlesex.on.ca



Canadian Mental
Health Association
Middlesex
Mental health for all
with services in Exeter and Goderich

THERE ARE OTHER WAYS PEOPLE ACCESS SERVICES

Through your family doctor: Community Health Centres and Family Health Teams in Huron and Perth counties provide a range of services based on the needs of patients. Contact your family doctor to access services.

Through your school: Both the Avon Maitland District School Board and the Huron-Perth Catholic District School Board have school-based services made available through a range of partnerships with community agencies. Contact your school principal to access services.