MENTAL HEALTH AND COVID-19: LESSONS LEARNED FROM THE INSTITUTE FOR ADVANCEMENTS IN MENTAL HEALTH

Mental Health is health, but what happens to mental health when a virus that threatens our lives necessitates protective measures that are detrimental to mental health? This imbalance is where we find ourselves today, as the ongoing threat of COVID-19 and associated public health measures continue to impact daily life for all Canadians. As a community-based mental health organization, the Institute for Advancements in Mental Health (IAM) has pivoted rapidly and adapted the way we view and support mental illness. Lessons learned during the first wave of the pandemic about the impacts to mental health and how we, and others, can respond will continue to guide us as we support communities through future waves of COVID-19 and beyond to a post-COVID-19 world.

Mental health and COVID-19

On March 11, 2020, the World Health Organization declared a global pandemic of COVID-19 and provincial and territorial governments across Canada initiated a state of emergency. Public health authorities across the country responded with mandates and recommendations including social distancing and isolation, limiting travel and closing borders and the closure of public and community spaces including workplaces and schools. The virus itself has created an atmosphere of fear, uncertainty and, for many, grief and loss. Millions of people have lost their jobs while housing instability, food insecurity, domestic violence and overdose deaths have all risen and poverty has deepened. [3, 12, 13]
Each of these factors is inextricably linked to mental health as stress and trauma are known to predispose individuals to mental illness. Indeed, many researchers and experts are finding trends indicating that the incidence of mental illness and suicide are likely to increase.[3, 15, 13]

Recent studies have found that:

- 50% of Canadians are experiencing worsening mental health, in particular anxiety, depression and post-traumatic stress.[2,15]
- 81% of Canadian workers have experienced negative impacts on their mental health.[5]
- Substance use has increased by up to 25% in some age groups.[5]
- According to Health Canada, more than 11 million Canadians will experience increased stress with over 2 million experiencing traumatic stress.[7]
- In Ontario, two-thirds of youth have experienced worse mental health since the pandemic began, while 25% of parents reported sadness or hopeless in their child lasting weeks.[1,6]
- 67% of Ontarians feel that the mental health impacts of COVID-19 will be long-lasting.[1]

The impacts of the pandemic are widespread and Canadians from all across the country are learning together how to cope with massive upheaval to daily life. However, specific populations have been shown to be particularly vulnerable to the mental health impacts of the pandemic. This includes racialized Canadians, Indigenous Peoples, women, individuals who identify as LGBTQ, frontline workers, first responders, individuals with low income and individuals with a pre-existing mental illness.[3,5,10,11,12,12] For those with pre-existing mental illness, many have experienced disruptions in their care and support services, with Ontario showing a 66% decrease in accessing supports, likely due to discomfort attending in-person appointments or the closure of services.[3,4,5] Globally, the pandemic has disrupted or shut down mental health services in 93% of countries.[14]

While many feel that pandemic response must involve a balance between physical health and the economy, we urge others not to discount the importance of mental health to both. Prior to the pandemic, mental illness was a leading cause of disability and half a million Canadians missed work due to mental illness every week.[3] In addition, the health care costs of mental illness are known to be significant, despite representing a smaller proportional number of patients.[8] Prioritizing mental health in pandemic response and recovery will create long-term savings in health care and increased productivity in the Canadian workforce, ultimately creating a more resilient, thriving society.

"There is so much information about COVID-19 out there, and there are so many organizations offering support for mental health, but I see few of them offering sessions for self-care as you have. I think that care providers and front line workers are so busy thinking about others, that they are rarely taking time for themselves. Being able to schedule an hour or an hour and a half for self-care in the form of a webinar is brilliant. I think there should be more of these!!"– Family member

Our response

The Institute for Advancements in Mental Health is a connector, collaborator, thought leader and solution driven organization; supporting, innovating and driving change for better mental health. IAM innovates in mental health with a focus on returning solutions back to communities, through partnership and collaboration.It is through our on-the-ground experience and decades of providing direct support to people that we are able to design our own in-house services around the needs of our clients – people with complex mental health needs and their support circles. Historically serving those impacted by psychotic illnesses such as schizophrenia and psychosis, IAM serves anyone impacted by serious mental illness, however, in response to COVID-19, we have pivoted to serving anyone experiencing the negative mental health impacts of the pandemic. Our direct services include one-on-one and group counselling utilizing cognitive behavioural therapy-based interventions, information and system navigation, training for frontline workers, community education and more.

Since early 2020, COVID-19 has been present throughout Canada with ever-growing numbers of daily cases. To combat the virus, businesses were shut down or urged to adopt work from home models. For many organizations and businesses, this meant a suspension of services and activities. However, IAM did not lose one day of service to clients. Rather, we acted quickly to adapt our approach to service.

Initially, in-person appointments were conducted by telephone. Client requests were answered both by phone and email and group services moved to one-on-one provision. Our team of frontline service providers immediately began outreach to all our clients to conduct proactive “check-ins” and safety planning. Service hours were expanded into evenings to accommodate increased needs for support.

“Absolutely wonderful! Both presenters very informative. I can listen to Sophie speak for hours. I always feel better after listening to her. She has such an ability to “normalize” things. After listening to her, I feel ok, I can maybe do this. I have always had hope but Sophie brings it front and centre for me. Thank you for a wonderful presentation.” - Anonymous

Staff members from other departments were redeployed to provide administrative support to the frontline services and to conduct outreach with other service providers and community stakeholders to offer information and assistance to adapt their services and meet their clients' needs during this uncertain time. Staff from all departments acted quickly to build our capacity to deliver services virtually. This included sourcing videoconferencing software that was appropriate for our clients and complied with privacy legislation, adapting consent and intake forms, adapting program materials and seeking funding to offset these new and unanticipated costs.

Program content was revised to address new health and social realities and teach coping strategies to maintain or recover mental wellness during the pandemic. In addition, measures were put in place to support client and staff use of virtual tools including providing training and job aids for frontline staff, additional information for clients to optimize their virtual experience, as well as the ongoing offer to walk clients through set up, sign in and participation in our virtual programming.

With virtual capacity in place, we began seeing clients both one-on-one and for group support through videoconferencing, while maintaining telephone and email service for those who preferred or were more comfortable with those service modalities. We began increasing our services with new group programming designed for caregivers/social supporters of individuals with a mental illness (reaching over 1,000 people) and for frontline workers (reaching over 100 people).

"Mental health recovery throughout the pandemic has had its challenges, particularly due to barriers in accessing and comfort with technology. That being said, it has been inspiring to see informal support groups being developed, both by individuals with lived experience and family members. This really highlights the importance of connection and self-determination in mental health recovery, and despite all the challenges we're currently experiencing, individuals have a desire to come together to support each other." – Alyssa Hirji, IAM frontline worker

Institute for Advancements in Mental Health

LOOKING BACK: WHAT WE SAW IN THE FIRST WAVE

From March 16th to July 31st, our support line saw 1249 client contacts, an average of 66 contacts per week. We experienced a 52% increase in the number of clients seeking services compared to the same period last year. In addition to having more contacts, frontline staff reported that these contacts tended to be longer with clients expressing more complex concerns. These contacts came from individuals living with a mental illness (28%); informal caregivers, friends and family of those living with mental illness (60%); health care providers (9%); and others (3%). Many of these contacts were from our existing clients but almost 30% were from individuals who had not sought our services in the past.

Throughout the first wave, a small majority of client contacts were from individuals seeking supportive counselling (51.6%). The most common concerns expressed related to recovery support (25.9%) and psychosis (15.8%). Small percentages of contacts shared concerns with an escalation of symptoms of mental illness (3.7%) and suicide (2.2%). Just over a quarter of all contacts were from individuals seeking specific IAM services (25.14%), with 14.7% seeking system navigation and information and 6.33% of contacts looking for assistance in accessing services. Of those contacts who were seeking to access services, the most common concern was for housing (39.2%) followed by access to hospital and psychiatric services (21.5%).

Contacts related specifically to COVID-19 peaked in April and declined significantly in May, June and July (there was a 97.5% decrease in COVID-19 specific contacts in July compared to March). We attribute this decrease to an improvement in our clients' ability to cope with the pandemic after receiving our support, as well as a decrease in COVID-19 case numbers and public health measures during the summer. Overall contacts increased throughout the summer, peaking in mid-June. This may reflect a delay in the onset of mental health needs following the onset of the pandemic and may indicate longer-lasting impacts on mental health. Contacts related to accessing services and supports such as housing and medication declined over the course of the summer while requests for supportive counselling increased.

Of the 1,000 individuals who attended our caregiver education sessions, 40.8% were informal caregivers, family and friends. The other participants were health care providers (39.8%), individuals with lived experience (12.2%) and others (7.1%). Topics ranged from government supports during the pandemic to mindfulness meditation practices. Our most popular sessions were on emotional regulation, healthy boundaries, psychosis and the Ontario Disability Support Program review and appeal process. The majority of participants (81%) felt that our programs increased their mental and emotional wellbeing and that the sessions provided them with helpful information, practical strategies and supported their overall wellbeing (91%).

When asked about their future needs, participants in the caregiver education sessions identified needs for more information on children's mental health concerns, supporting seniors' mental health and wellbeing and cognitive behavioural therapy. Participants also identified need for increased availability of peer support, family support and legal and financial resources.

When asked about their preferences for future service delivery, 59% of participants in the caregiver education sessions stated that they prefer virtual services, with 26% preferring in-person and the remaining 15% stated they prefer both.*

"It's nice to have someone on the other end of the line, because I've made a lot of calls to places and I don't always hear back." – Family member

∗ Please see Appendix C for more data from our first wave COVID-19 response.

LOOKING FORWARD: LESSONS LEARNED FROM THE FIRST WAVE

Moving to a virtual platform was a necessary step during COVID-19 to ensure we were available to those in need, and for many, this has made a profound difference. Virtual care has improved access, reach and our ability to meet people where they are. Despite the urgency of this time period, making this move has led clients and staff to become comfortable with delivering and receiving virtual supports, to become confident that these supports were of high quality and that we were creating safe spaces for our clients. While in the initial stages of this transition, we learned that many clients (and some staff) were not comfortable with the general security and confidentiality of being online and needed added support to navigate our new way of providing service. This hesitancy declined, and our data shows us that the majority of our service users now prefer virtual supports to in-person.

To support our transition, we relied on years of trusted relationships with clients who are confident in our frontline staff and comfortable in our spaces. We conducted detailed work, checking in with them regularly, proactively, and walking them through this period of change. As we began to understand readiness for change and the growing challenges of privacy and personal time during this period, we were able to adapt and have remained agile during a time when uncertainty and change are consistent. All of our interactions from one-to-one service, regular check-ins and group programming were adapted to address COVID-19 by facilitating understanding of how to cope with change and uncertainty, increased caregiver burden and proactively manage individual mental health.

Our organization has been fortunate to receive funding to support some aspects of this transition, but the reality is that the financial burden on the non-profit sector has been significant and this type of successful transition has not been the case for many organizations. A recent report by Imagine Canada revealed that 40% of charities have lost organizational capacity with an average revenue decline of over 30% since the onset of the pandemic.[9]It is startling to hear, at this time when supports are needed most, that almost one in five charities has had to shut down as a result of the pandemic.[9]

As the second wave of COVID-19 continues across the country, and all of our on-site supports and programming have been moved onto digital platforms, we reflect on the significance of this transformation and where we are going. The impacts of the pandemic will increase pressure on an already overburdened and chronically underfunded mental health system. Prescribed isolation, disrupted routines and reduced social interactions have become ongoing points of exacerbation for many of our clients. As well, increased wait-times and difficulty accessing appropriate and culturally relevant mental health supports are likely to persist post-pandemic.

We are not the only organization to adapt and respond to emerging and urgent needs during this turbulent time. Many organizations are now serving clients virtually and governments have strengthened several economic and mental health supports including the development of Wellness Together Canada, internet-based cognitive therapy for frontline workers, rapid development of supportive housing, income supports, rent subsidies and more. These measures go a long way to supporting Canadians, but unfortunately, they fall short. The mental health needs of Canadians, now and for the years that will follow are significant, as the impacts of economic instability, illness and long-term stress are felt by all, and disproportionally affect certain groups.

Many of the supports available through new funding are not intended to support individuals who were already living with a mental illness or were already impacted by poverty or racialization. Specialized supports and services are needed for these groups who, as we have seen, are also harder hit by the pandemic than other groups. In particular, we need to find ways to support individuals who lack access to virtual supports either due to a lack of reliable internet service or a discomfort with the technology. In addition, our data revealed gaps in access to support services, housing supports and a strong demand for more resources.

While we recognize that governments have had to invest significantly in pandemic response and going forward resources may be limited, mental health should be considered fundamental to COVID-19 response and recovery for all of Canada and made a national priority. We put forward the following recommendations:

PROVIDE INCREASED DIRECT FUNDING FOR COMMUNITY-BASED MENTAL HEALTH AND SUPPORT SERVICES, WHICH IS SUSTAINED OVER TIME AND CAN SUPPORT OPERATIONAL COSTS AS WELL AS PROGRAMMATIC COSTS.

Our mental health system was stretched thin long before the pandemic began. Our clients have long stated that access to supports is a significant challenge in a fragmented system that struggles to react to mental health needs, let alone proactively address concerns. Community-based organizations have long provided a wide range of mental health supports that meet people's needs in the community, creating overall systems savings and freeing beds in hospitals. These organizations are already well positioned in communities to provide a range of health, mental health and social services.

"I like that you have the option of video calls, it's helpful to see the person I'm talking to and connect on a more personal level." – Individual living with psychosis

Investments in community-based organizations should include:

- Increasing staff levels which will prevent burnout while allowing frontline workers to provide ongoing support to clients with complex needs and will decrease wait times by enabling higher caseloads per organization. Increasing compensation for frontline workers would also help to reduce worker burnout, for instance bringing back and sustaining pandemic pay.
- Targeted funding for organizations that support Indigenous and racialized communities; individuals with serious mental illness; and organizations that support the mental health of children and youth, inclusive of transitional aged youth to reduce too-long wait times which pre-date the pandemic.[7] People with lived experience including informal caregivers should be included at all levels of decision-making as they can offer valuable and necessary insight into how best to support communities.

INVEST IN MENTAL HEALTH INNOVATION AT THE COMMUNITY LEVEL

COVID-19 has further highlighted the now even more immediate need for innovation in the mental health space. As the demand for mental health support has increased, so to have the challenges in delivering those supports. Community-based mental health services are in need of support to develop capacity for frugal innovation. Many evidence-based solutions currently exist within the community mental health sector but these solutions are in need of scaling.

IAM is invested in furthering an ecosystem of innovation and partnership within and across sectors as a fundamental part of our mandate. We see this as the only way to address new and long-standing challenges to create economically viable and sustainable solutions in the mental space. IAM serves as a model for co-creating solutions with individuals who have lived experience, inclusive of the ability to convene critical thinkers and learnings in mental health with investors, foundations, philanthropists, community organizations, corporations, government and the public to create holistic solutions that start with the “end users” – the clients of the mental healthcare system themselves. People with lived experience including informal caregivers should be included at all levels of decision-making as they can offer valuable and necessary insight into how best to support communities.

To achieve this goal, investments should include:

- Strengthen peer-to-peer supports as well as training and supporting informal caregivers, family and friends to provide and complement mental health supports.
- Investments to support mental health innovation, both digital and non-digital within the community sector.

IAM is well-positioned to facilitate this work in the community space in collaboration with new and existing partners. In addition, we echo recommendations from others in our sector which also reflect ongoing advocacy and policy priorities of our organization:

STRENGTHEN EMPLOYMENT SUPPORTS TO CONTINUE TO SUPPORT CANADIANS AS WE RECOVER FROM THIS PANDEMIC, AND BEYOND. THE CERB BENEFIT HAS BEEN SUGGESTED AS A POTENTIAL MODEL FOR INSTITUTING UNIVERSAL BASIC INCOME.[5]

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STRENGTHEN HOUSING SUPPORTS INCLUDING CONSTRUCTION OF MORE AFFORDABLE AND SUPPORTIVE HOUSING UNITS WHICH ARE INCLUSIVE OF DIVERSE NEEDS.

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INVEST IN WORKPLACE MENTAL HEALTH ACROSS DIFFERENT TYPES OF WORK SETTINGS THROUGH INCENTIVE PROGRAMS FOR EMPLOYERS TO OFFER COMPREHENSIVE BENEFITS THAT ARE INCLUSIVE OF MENTAL HEALTH NEEDS AND TO DEVELOP ORGANIZATIONAL MENTAL HEALTH STRATEGIES.

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ENSURE ACCESS TO HIGH-SPEED INTERNET ACROSS THE COUNTRY, PARTICULARLY IN RURAL AND REMOTE AREAS IN ORDER TO FACILITATE ACCESS TO MENTAL HEALTH SUPPORTS AND SOCIAL AND ECONOMIC INCLUSION.

As we, along with all Canadians, move forward through the pandemic and into recovery we must bring together our many strengths and look to the future of mental health in Canada. Ongoing examination of this changing landscape will enable us to co-design a set of response strategies for future mental health challenges. Indeed, IAM is already engaged in methods of strategic foresight and systems thinking, working with partners to create a shared vision and narrative of possible futures for mental health in Canada.

We encourage the support of those with unique perspectives and insights, and all those with a vested interest in mental health to come together with us as we move to create a more positive future for all Canadians.

Conclusion

It is our hope that there will be at least one positive outcome from the pandemic: That COVID-19 will serve as a wake-up call that mental health is critical to creating and sustaining a thriving society. We are not alone as we continue to respond to needs and we recognize it is imperative to be critical in our thinking and creative with our limited resources. For us, this means using human-centered and service design methodologies to detect and address gaps and find opportunities in how we work, and continuing to rely on data collection and rapid analysis to glean insights and understanding into how this pandemic is shaping the wellness of our most vulnerable. We will continue to work closely with partners in the mental health space, as well as stakeholders outside the mental health sector, to collaborate on innovative new approaches to mental wellness and building resiliency. We continue to lean in on the learnings of our frontline staff, our communities, and listen to the needs of our clients and problem solve in collaboration with them to create the tools we need to navigate our new world and provide care to our clients experiencing complex mental health challenges.

As we experience all of this change, there are countless lessons we are learning, shaping the way we respond to mental illness, support our communities and seek to drive change for better mental health. We remain optimistic that the lessons we, and others, learn from this pandemic will ultimately contribute to redesigning society for better mental health.

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Appendix A: About IAM

The Institute for Advancements in Mental Health (IAM) grew out of the recognition that the systems intended to support people with mental health challenges have become increasingly overburdened and unsustainable as rates of mental illness across the globe continue to rise. At IAM, we take an innovative, human-centered lens to creating solutions - for people, with people. We are reframing our current programs and services as not only sources of information and support, but where people can define their individual recovery and resiliency. We build capacity among families, communities and across all sectors, in and outside of mental health, so that people living with mental illness are supported wherever they show up. We have laid the foundation for a more inclusive, co-designed support framework anchored in collaboration.

This concept has evolved out of four decades of mental health work on behalf of people with lived experience, their families and caregivers. While education, engagement and support remain core to the work we do, we see the need to pause and consider a new way of problem solving and tackling some of the more persistent views society holds about mental illness. We do this through our recently established social innovation platform.

IAM aims to bring viable and scalable solutions to the most urgent mental health concerns affecting society. Rather than trying to deliver mental health innovation within a traditional system and model, IAM brings together public and private partnerships in the community to jointly address challenges and circumvent systemic barriers to innovation and change. Most importantly, it integrates service delivery - an interdependent function where we work directly with people with lived experience to both build and validate our innovations. People living with mental health challenges are both the beneficiaries and co-creators of the solutions we create.

IAM is an independent entity, and as such, is positioned to establish new and broader networks and partnerships across Canada, adopting a more agile approach. IAM is rooted in collaboration, inviting a range of partners who converge at the crossroads of mental health and wellness.

Appendix B: A note on the data

The data included in this report was gathered by our frontline support services team from March 16, 2020 to July 31, 2020. This time period is what we consider in this report to constitute the “first wave” of COVID-19.

Traditionally, IAM has collected data for the purpose of reporting to our government funders and to examine service opportunities. We use an electronic health record system, The Roster of Electronic Assessment Tools (TREAT). However, this system is limited in its ability to monitor trends in presenting concerns. Thus, we established an additional, new process for recording data gathered during the pandemic, one which was able to capture more detailed information on the reasons people were reaching out to us.

The contact data is reflective of incoming phone calls, emails and video calls on our Support Line as well as our Strengthening Families Together, Sibling Support and Recovery in Action groups, as these were initially delivered individually over the phone and thus were recorded with our Support Line data. While contacts came from all over the country, the majority came from Ontario. Individual client records were tabulated and presenting concerns were themed by two independent coders. The presenting concerns were then further themed into sub-themes.

The caregiver education sessions represent a new program introduced to meet increased needs during the early stages of the first wave, and were delivered once per week from April to June, 2020. Data was recorded through evaluation forms which were distributed after each session.

Unfortunately, it was out of our capacity to conduct comparative analysis for statistical significance, thus the data you see in this report is descriptive in nature.

Appendix C: Descriptive statistics

Table1
Numbers of different categories of contacts

Contact category	Number of total contacts	Percentage of total contacts
Consumer	353	28%
Family Member/Caregiver	745	60%
Health Care Provider (HCP)	109	9%
Other	42	3%

Note. $N = 1249$

Figure 1. Percentages of contact types

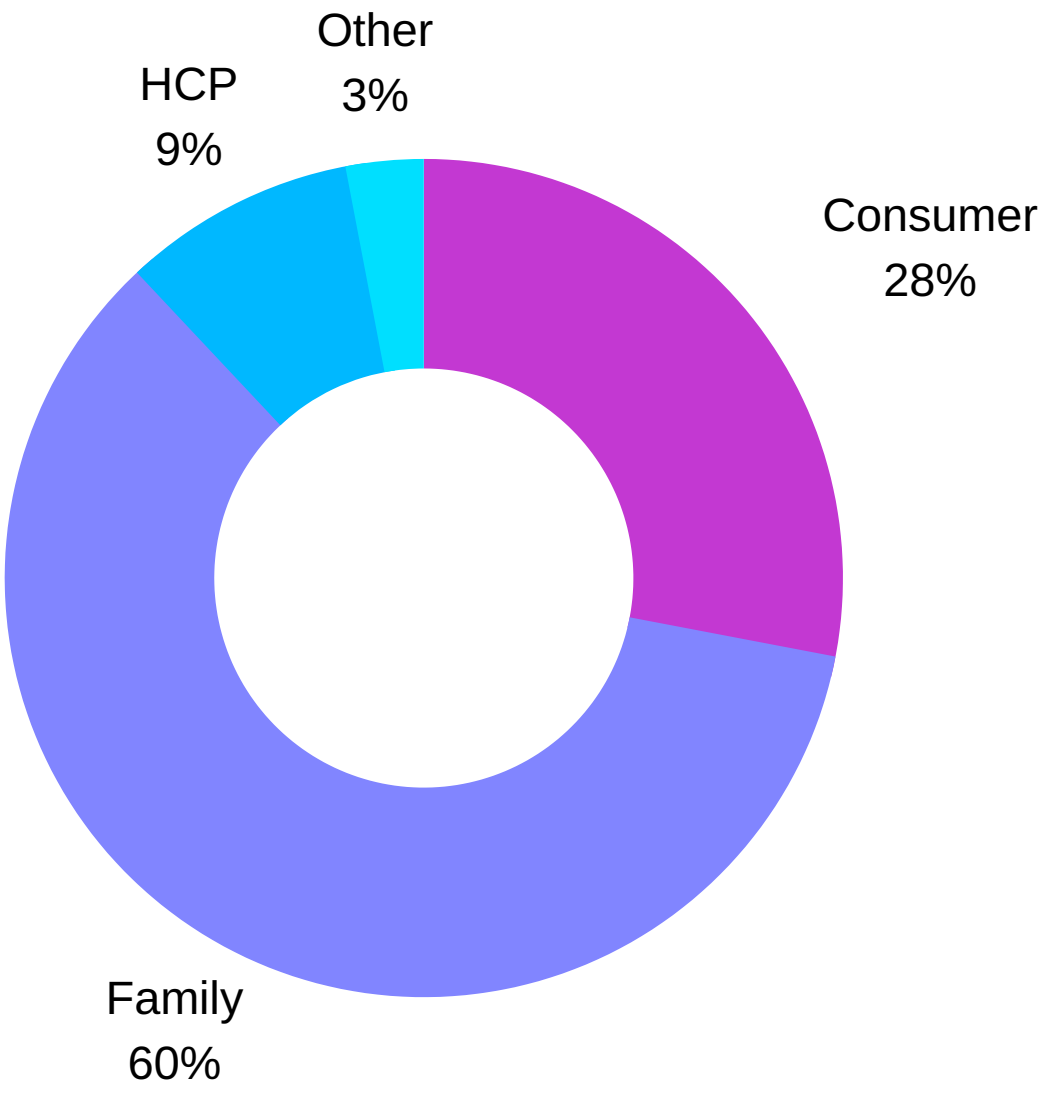

Table 2

Numbers of contacts with previous interactions with IAM

Contacts	Number of contacts	Percentage of contacts
With previous interactions	798	63.9%
Without previous interactions	371	29.7%
Unknown	80	6.4%

Note. $N = 1249$

Figure 2. Numbers of contact types and previous interactions with IAM

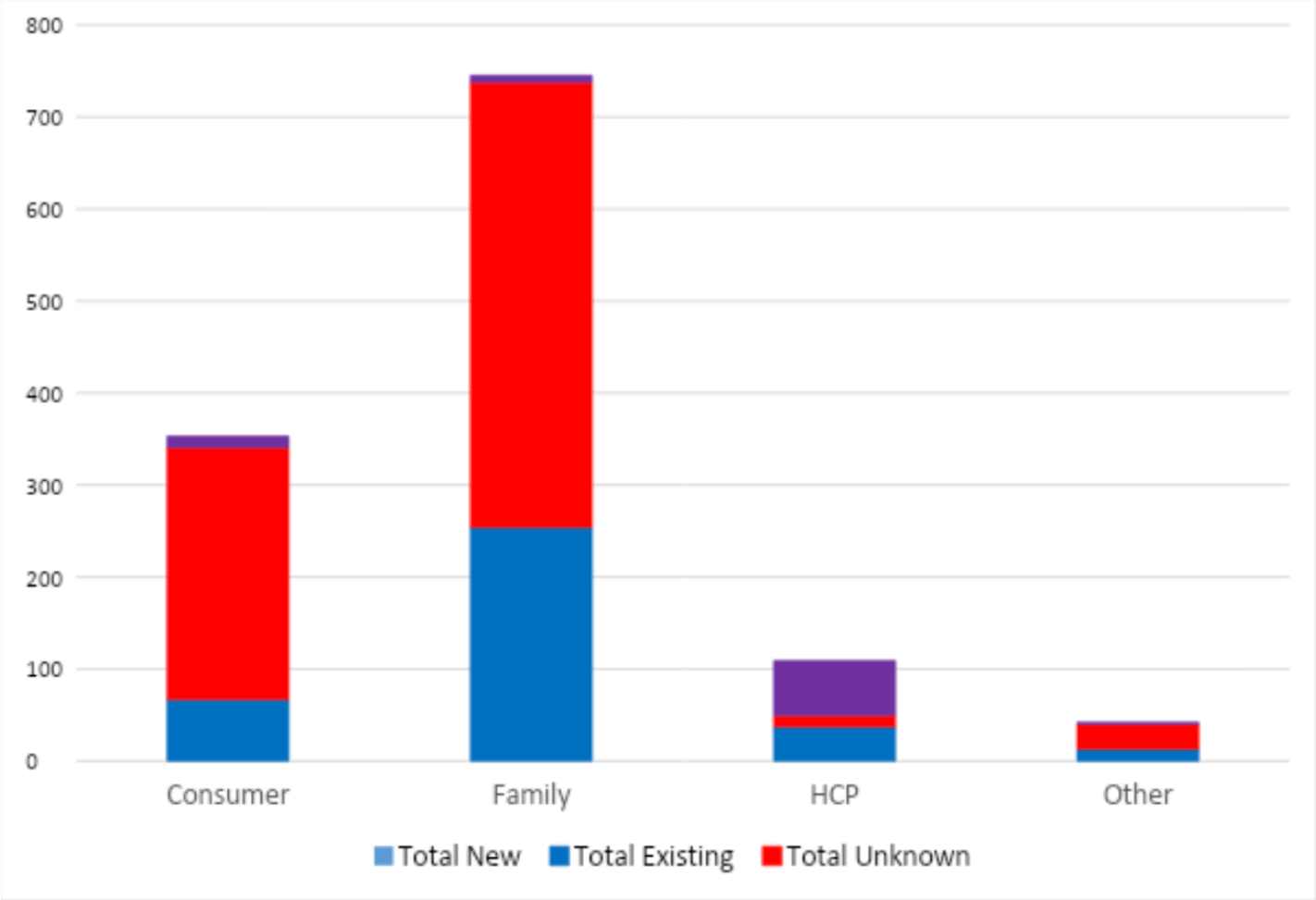

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Table 3
Presenting concerns of contacts

		Consumer	Family	HCP	Other	Total
Access to Services		19	56	0	4	**79**
	Counselling	2	4	0	1	**7**
	Hospital/psychiatric care	7	10	0	0	**17**
	Housing	6	23	0	2	**31**
	Income support	0	5	0	0	**5**
	Justice	1	5	0	0	**6**
	Medication	2	3	0	0	**5**
	Other	1	6	0	1	**8**
System Navigation and Information		23	134	19	7	**183**
	Advocacy	1	1	0	0	**2**
	Cognitive behavioural therapy	1	8	0	0	**9**
	Crisis	0	3	1	0	**4**
	Henson trusts	0	3	0	0	**3**
	Mental health system	0	9	0	0	**9**
	Psychoeducation	4	5	0	0	**9**
	Resources	13	88	18	7	**126**
	Other	4	17	0	0	**21**
Supportive Counselling		230	389	8	18	**645**
	Addiction	2	4	0	0	**6**
	Anxiety	33	8	0	0	**41**
	Communication skills	0	11	0	0	**11**
	Coping skills	8	11	0	0	**19**
	Depression	21	3	0	0	**24**
	Deterioration/escalation of symptoms	0	24	0	0	**24**
	Recovery support	23	144	0	0	**167**
	Psychosis	32	69	1	0	**102**
	Suicide	6	2	3	3	**14**
	Trauma	1	1	0	0	**2**
	Other	104	112	4	15	**235**
IAM services		75	153	78	8	**314**
N/A		6	13	4	5	**28**
TOTAL		**353**	**745**	**109**	**42**	**1249**

Figure 3. Presenting concerns by contact type

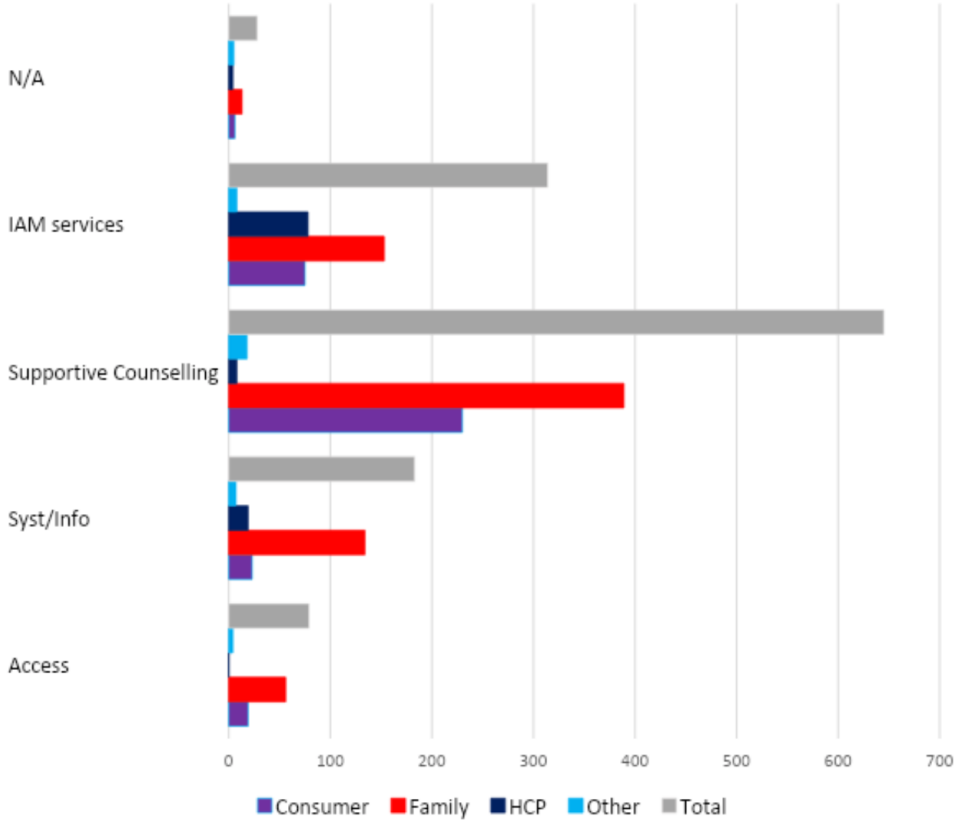


Figure 4. Numbers for sub-themes of presenting concerns for contacts seeking access to services

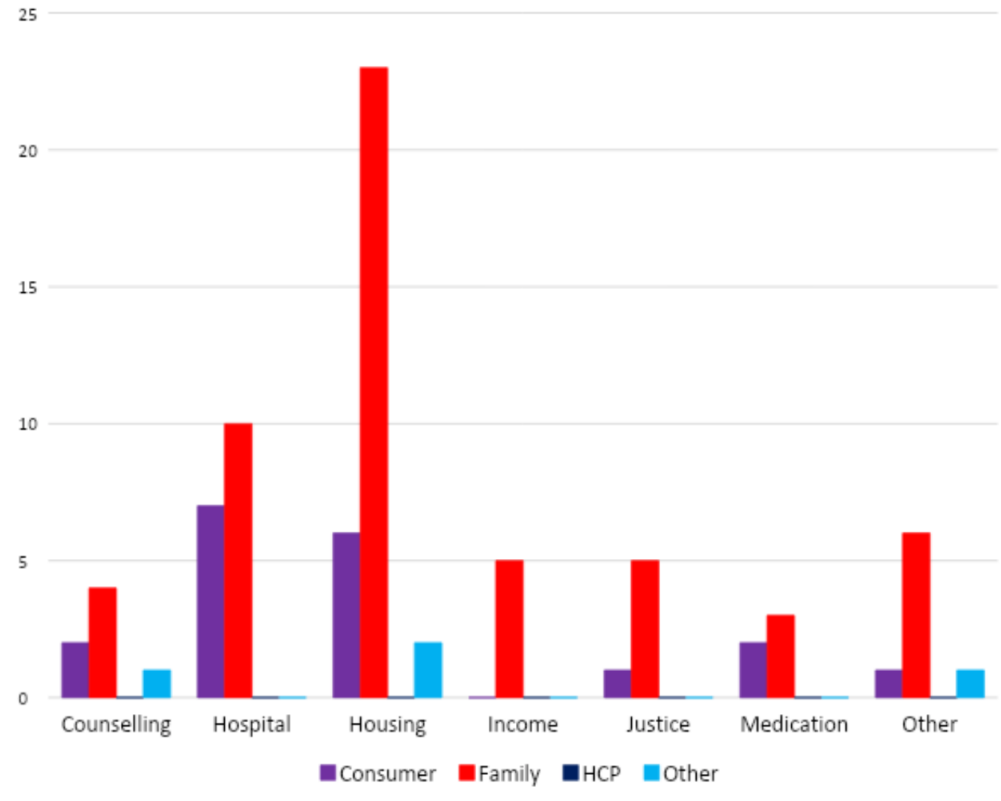


Figure 5. Numbers for sub-themes of presenting concerns for contacts seeking system navigation and information

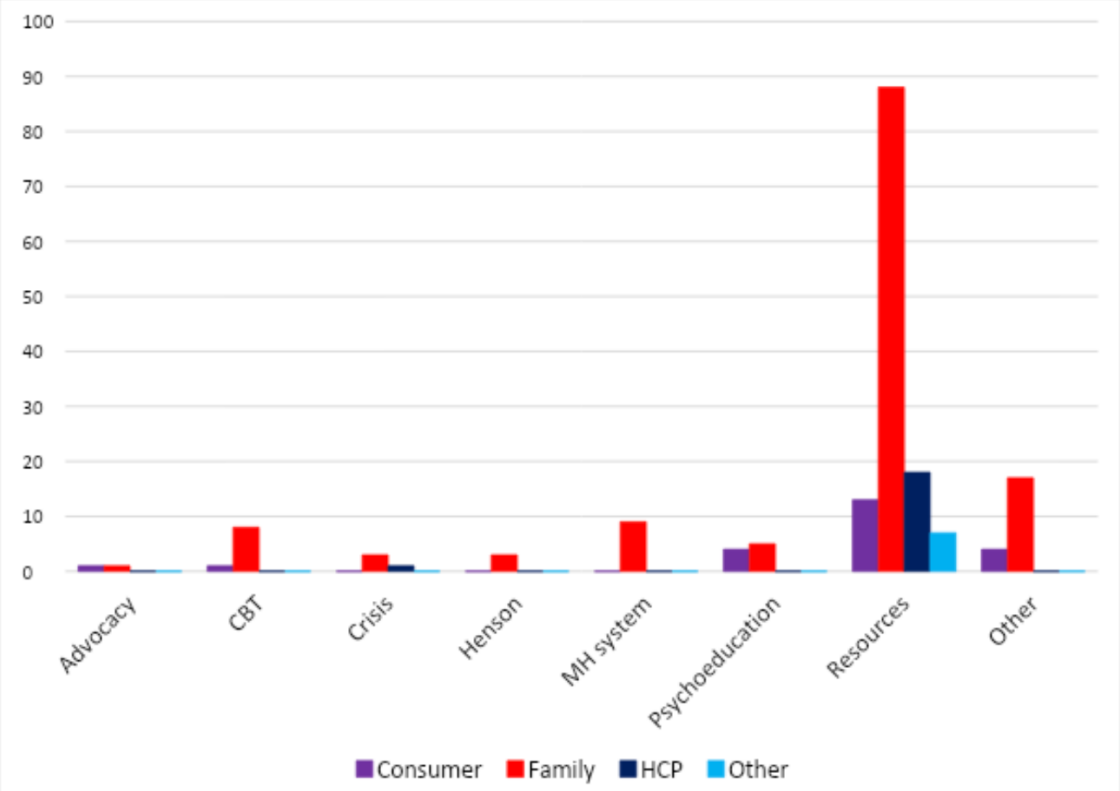


Figure 6. Numbers for sub-themes of presenting concerns for contacts seeking supportive counselling

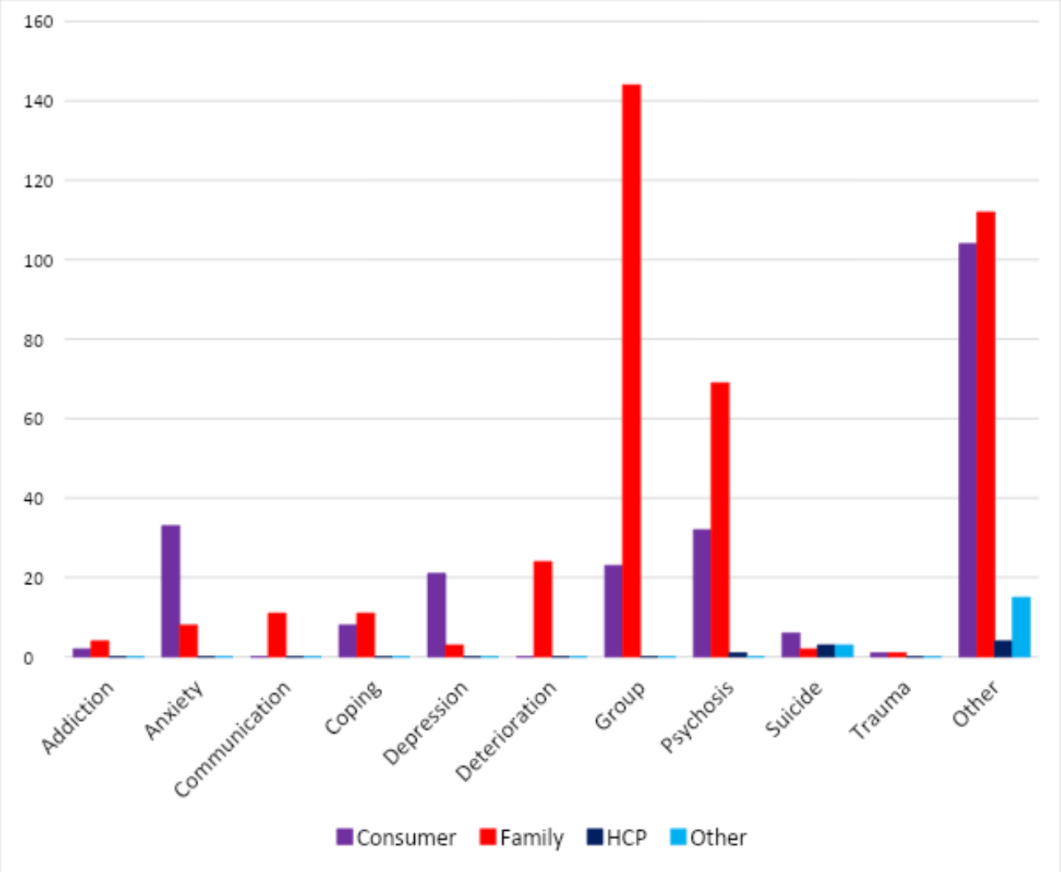


Table 4

Number of contacts that related to COVID-19

Contacts related to COVID-19	Number of contacts	Percentage of contacts
Consumer	44	42.3%
Family member/caregiver	55	52.9%
Health care provider (HCP)	3	2.9%
Other	2	1.9%

Note. $N = 104$

Table 5

Number of contacts for each theme of presenting concerns for contacts that related to COVID-19

Presenting concerns theme	Consumer	Family	Healthcare Provider	Other	TOTAL
Access to services	5	11	0	0	16
System navigation/information	0	8	0	0	8
Supportive counselling	36	34	0	2	72
IAM services	3	2	3	0	8

Note. $N = 104$

Figure 7. Presenting concerns for contacts related to COVID-19

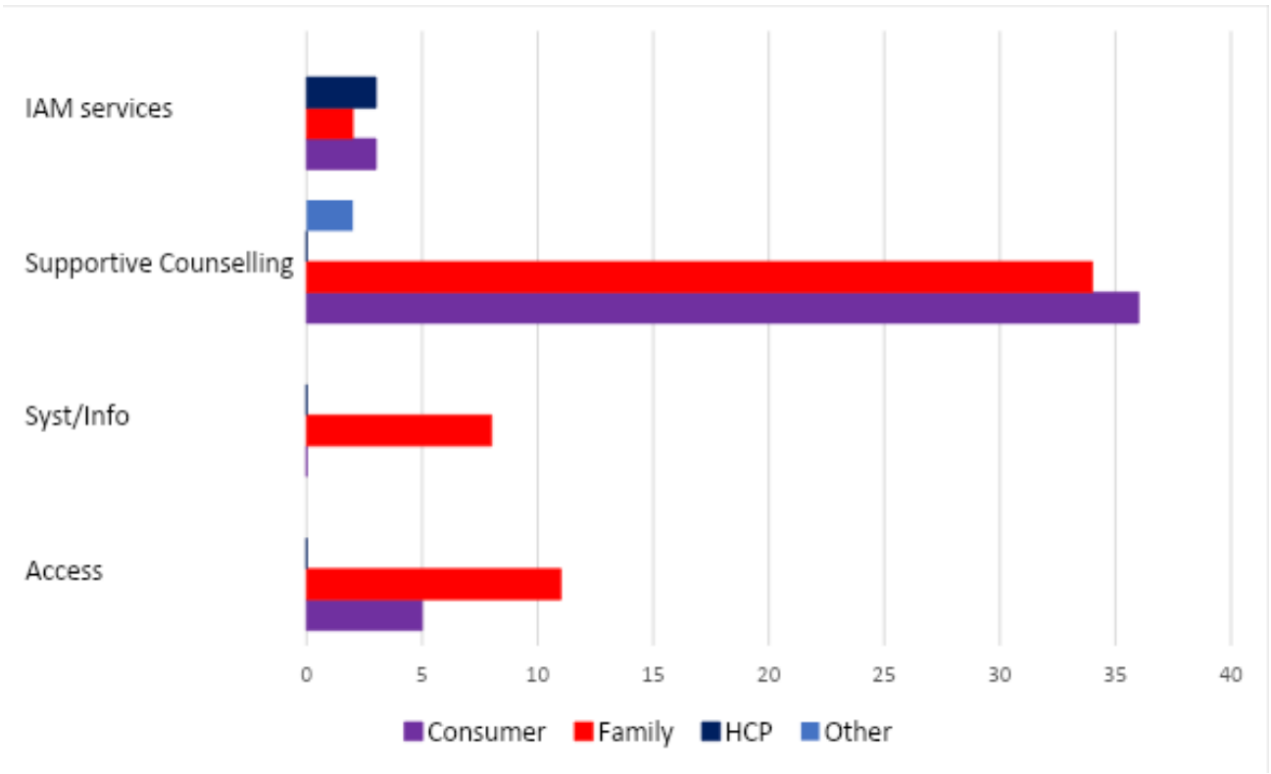
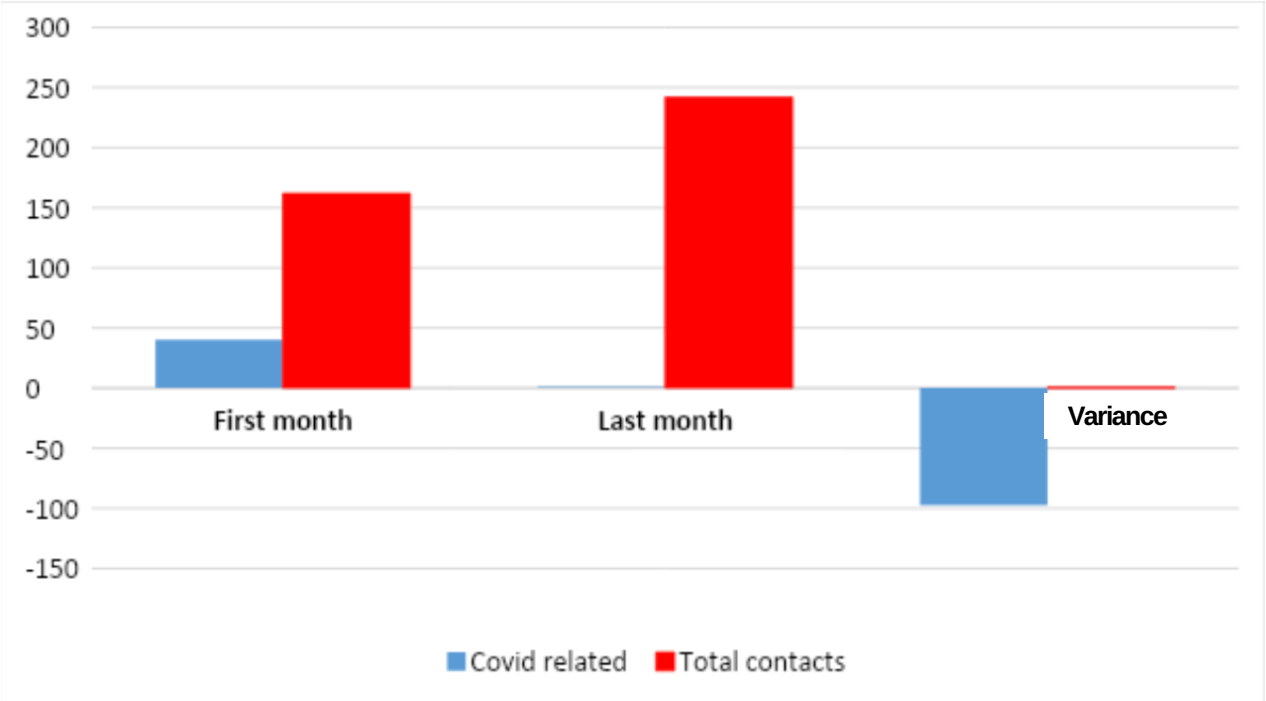
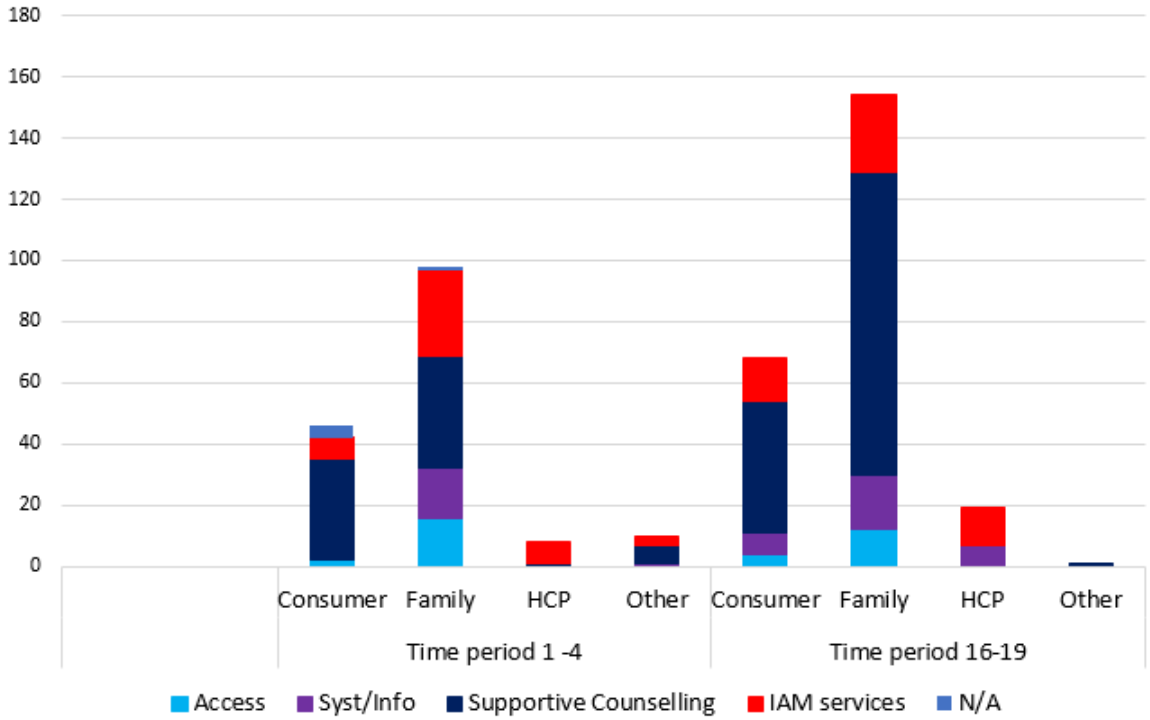


Figure 8. Variance in numbers of contacts from the beginning to end of the first wave



Note: The first month refers to the first four weeks of the first wave (March 16, 2020 – April 10, 2020). The last month refers to the final four weeks of the first wave (July 6, 2020 to July 30, 2020).

Figure 9. Presenting concerns from the beginning to end of the first wave



Note: Time Period 1-4 refers to the first four weeks of the first wave (March 16, 2020 – April 10, 2020). Time Period 16-19 refers to the final four weeks of the first wave (July 6, 2020 to July 30, 2020).

Figure 10. Presenting concerns of COVID-19 related contacts over time

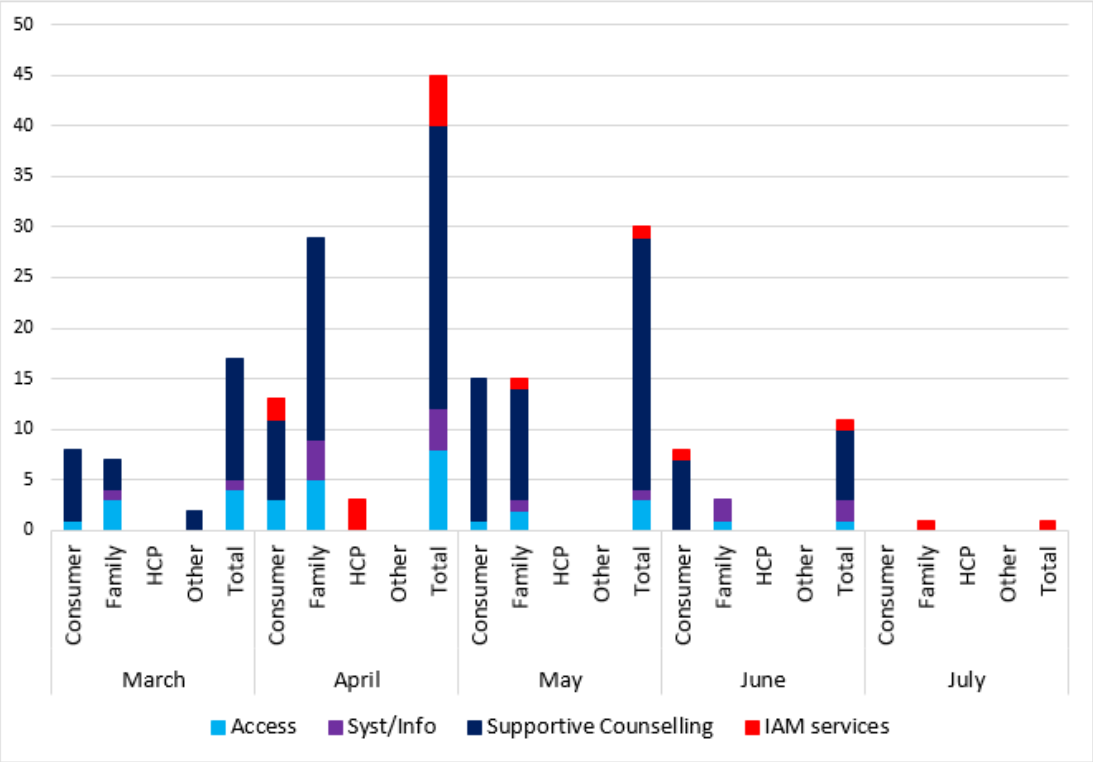


Figure 11. Number of contacts over time

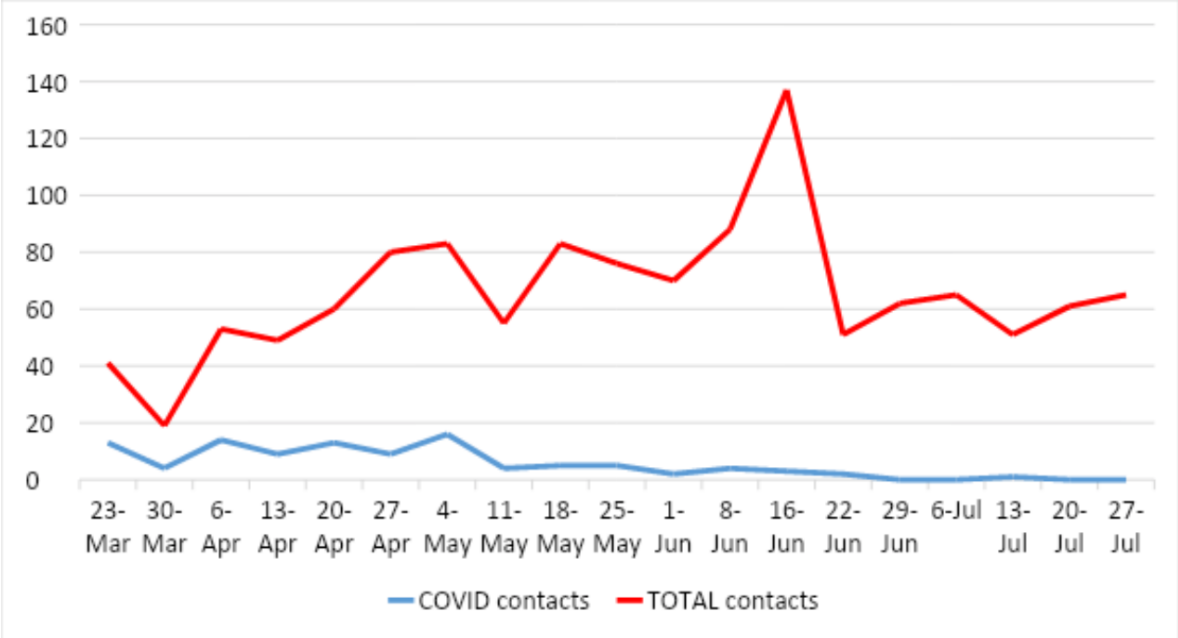


Figure 12

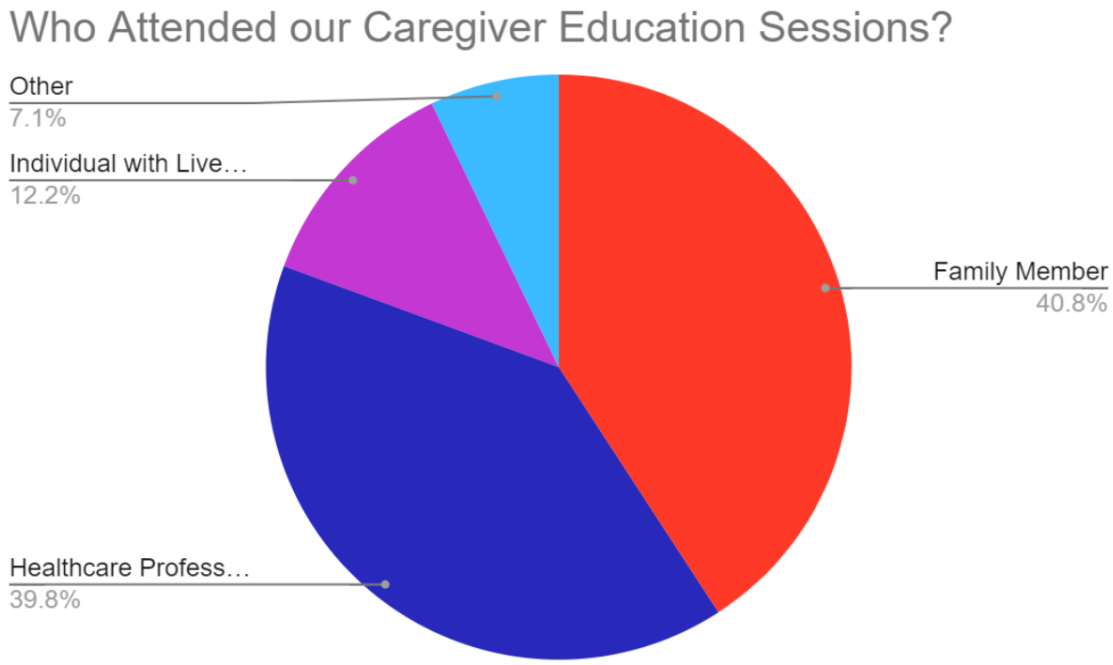


Figure 13