The Impact of COVID-19 on Mental Health Among Youth Front-Line Workers in Metro Vancouver
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With this project, we set out to measure the impact of COVID-19 on the mental health of youth front-line workers. For the purposes of our study, we defined youth front-line workers as,

“people aged 16-25 currently or formerly employed in an occupation that requires face-to-face, in person interaction with others during the pandemic.”

Upon engaging with this demographic through a mix of surveys and interviews, we developed three policy recommendations geared at addressing the mental health challenges youth front-line workers face while working during this pandemic. These recommendations will be introduced on the following page of this report, and further examined on pages 8 - 19.

Who We Are

We are a team of Undergraduate students from the SFU Semester in Dialogue program. Our group members hail from diverse academic backgrounds, including geography, political science and international studies.

What We Did

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“people aged 16-25 currently or formerly employed in an occupation that requires face-to-face, in person interaction with others during the pandemic.”

Upon engaging with this demographic through a mix of surveys and interviews, we developed three policy recommendations geared at addressing the mental health challenges youth front-line workers face while working during this pandemic. These recommendations will be introduced on the following page of this report, and further examined on pages 8 - 19.
Why?

We chose to focus on this specific demographic for three key reasons:

1. **Youth make up a significant proportion of front-line workers.**
   In fact, 48% of all youth in BC are employed in front-line sectors such as retail.

2. **COVID-19 may have a serious impact upon mental health now and in the future.**
   While the impacts of COVID-19 in terms of physical health and, to a certain extent, the economy, have been addressed in some way or another by the government, the mental health impacts of being on the front-lines of this virus demand further attention.

3. **We’ve been there.** All four members of our team have spent time working in low-wage, front-line sectors, and we understand the challenges involved in these types of work at the best of times. Now, as a demographic constantly face-to-face with the COVID-19 virus, these workers deserve to have their voices amplified more than ever.

Overview

After analyzing our survey and interview data, we came up with the following three policy recommendations:

Policy Recommendations

1. Include mental health services in Medical Services Plan coverage and integrate them into the existing 811 HealthLink BC system.

2. Expand pandemic pay to all front-line workers, covering sectors which have previously been left behind.

3. Increase CERB income cut-off level from $1,000 to $2,000 per month
Background

At the time of writing current global conditions in the form of a global pandemic have altered society on a fundamental level, severely limiting traditional in-person interactions in favor of online based methods. This fundamental societal shift, at least in the short term, has altered how humans communicate and interact with each other and thus provided us with both opportunities and challenges when determining our target demographic, study area and engagement/data collection strategy for this project whose goal is to determine the impact of COVID-19 on youth.

As with any research project, the selection and definition of a target demographic occurred first and was completed alongside the selection of a study area. Due to geographic familiarity, and personal experience, the Metro Vancouver region was selected as our study area and youth employed in front-line industries was selected as our target demographic of study respectively.

Conceptualization

Defining what is constituted as “youth” worker occurred soon after. While both Statistics Canada and WorkBC define a youth as a person aged 15 - 24 and labour laws in BC do allow for the hiring of children aged 15 and above, a small demographic shift from 16 - 25 was done on the advice of our instructors, and our own personal observations and experience on when youth found employment for the first time. This was done to accomplish the following: ensure that anyone taking the survey would not require parental consent as per our instructors advice, better reflect personal experience and observation on when youth began working and to include all persons enrolled in post secondary education as youth. Our observations determined that those who are still enrolled in post secondary education are generally considered youth up until the age of 25.

As mentioned previously, due to ongoing global conditions, online engagement/data collection strategies was the only option to engage with and collect data from our target demographic. Early on it was decided that both quantitative and qualitative data was required before the development of policy recommendation could be developed for elected officials to support the mental health of youth.
As such a 10 minute survey was developed to gather quantitative data. At the end of the survey we included both a text box for general comments and also an opportunity for respondents to share their contact information should they be interested in an interview as a means to gather qualitative data. In addition to the survey, an interview guide was developed for the purpose of qualitative interviews.

Data Gathering

Survey distribution was completed via online means with contacting organizations and employers, social media (both personal and Semester in Dialogue’s professional accounts) and direct contact with friends/family/acquaintances. In total we received 62 completed surveys of which only 42 were usable.

The survey was created with filtering questions thus ensuring only those respondents falling within our target demographic and were employed in the study area had their response recorded. While this method did result in a high percentage of rejected responses we felt it necessary to implement to ensure the validity of any data collected. In addition to the 42 survey results, we conducted two interviews, each approximately 45 minutes long and recorded a number of survey comments which formed the basis of our qualitative data. Both qualitative and quantitative data were analysed and the findings are presented below.
Our Findings

Demographics

Beginning with demographic statistics, we discovered that 91% of respondents were employed in front-line industries since the pandemic’s beginning. In addition 70% of respondents say they fall within BC’s definition of an essential worker. Breaking statistics of target demographic by age revealed that those aged 18 - 20, 21-23 and 24 - 25 comprised 29%, 60% and 12% of our respondents respectively, we would like to note that we had no respondents in our lowest age bracket of 16 - 17. Gender statistics revealed that 19% of respondents identified as male, while 81% of respondents were female. It should be noted that within the survey, the option was provided for respondents to select the non-binary or prefer not to answer options and neither option was selected. Breaking the gender statistics by age revealed that the ~20% male/~80% female split was consistent in all age brackets.

Employment Statistics

Next we move onto employed and occupation statistics. 41% of respondents reported they were employed full-time, 55% say they were employed part time with 5% reporting that they are not currently working or unable to work during this pandemic. With regards to occupation, 33% of respondents worked in the retail sector, 17% in grocery, 29% in the food preparation & food service, 7% in social services and 14% were employed in the other occupation category.
Link between mental health and economic statistics

Finally we move into mental health and economic statistics or indicators. When asked the question “are your current needs met with existing government support?” only 6% of respondents responded with yes. This is contrasted by the 75% of respondents who say their current needs are not being met with existing support or the 19% who say they are not receiving support of any kind. Breaking it down further reveals that 35% of retail workers, 31% of grocery workers and 17% of food preparation & food service workers say their needs are not being met. Mental health and economic needs by sectors can be found in the chart below.

<table>
<thead>
<tr>
<th>Occupation Sector</th>
<th>Mental Health needs not met</th>
<th>Economic needs not met</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retail</td>
<td>17%</td>
<td>25%</td>
</tr>
<tr>
<td>Grocery</td>
<td>42%</td>
<td>31%</td>
</tr>
<tr>
<td>Food Preparation &amp; Food Service</td>
<td>17%</td>
<td>13%</td>
</tr>
</tbody>
</table>

The mental health impact of COVID-19 on youth was determined and measured via matrix questions measuring levels of anxiety, stress and depression before and during the pandemic. Across the board respondents reported feeling moderate to extreme levels of anxiety (55%), stress (83%) and depression (38%). Comparing these numbers to pre-pandemic levels of anxiety, stress and depression reveals that they have increased by 55%, 75% and 66% respectively across all respondents. The chart below outlines the percentage increase in feelings of anxiety, stress and depression across different occupations since the pandemic’s beginning.

<table>
<thead>
<tr>
<th>Occupation sector</th>
<th>Anxiety (% increase)</th>
<th>Stress (% increase)</th>
<th>Depression (% increase)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retail</td>
<td>67%</td>
<td>73%</td>
<td>60%</td>
</tr>
<tr>
<td>Grocery</td>
<td>71%</td>
<td>71%</td>
<td>86%</td>
</tr>
<tr>
<td>Food Preparation &amp; Food Service</td>
<td>42%</td>
<td>83%</td>
<td>67%</td>
</tr>
</tbody>
</table>
With these findings, the following **three policy recommendations** were developed to accomplish the **two goals** listed below:

1. Address the mental health needs of youth front-line workers

2. Address the economic needs of youth front-line workers with the end goal of improving mental health through economic means

The following three sections will provide more detail and information on our three policy recommendations and provide further background information on why adopting is justified.
Policy 1: Include mental health services in Medical Services Plan coverage using 811 HealthLink BC

Context

We recommend including mental health therapy under the mandate of the provincial health care system, and providing access to treatment by adapting the existing HealthLink BC service to include mental health services. People can call to book online counselling appointments with registered mental health practitioners such as psychologists and therapists. All patients would have these appointments subsidized by the provincial government.

Our survey found that a majority of respondents felt an increase in anxiety, stress, and depression compared to before the pandemic. Since it began, 87% of respondents reported having moderate or extreme stress. From that 87%, 83% said their mental health needs are not being met. Our data showed that only 6.3% of respondents’ needs are being met with existing levels of support. These results shine a light on a problem which is already serious, which is largely unaddressed by our healthcare system.

The pandemic has provided an opportunity to introduce this coverage to the public health system on a permanent basis. Federal aid for COVID-19 may be used to implement the transition to full coverage of these services. Potentially the most cost-effective way to introduce access to mental health practitioners is through the existing 811 HealthLink BC service. The service provides two distinct features which make it the ideal vehicle to use for patient access to these practitioners. Firstly, the website and phone line already connect callers to 5 different types of medical and health practitioners, and there is already a section dedicated to mental health information. Secondly, since these five services are already offered, this program gives a unique advantage to combine treatment modalities, which often produces better results than one type of treatment alone.

All front-line workers experience daily stress in demanding jobs working with the public, and this stress has been magnified by the pandemic. This youth age group is potentially the most affected by this increase in stress, with potentially life-altering consequences.
Lack of available mental health care is already an issue

Pre-COVID, “1 in 5 Canadians experienced a mental health or addiction issue, in any given year. By the time Canadians turn 40, 1 in 2 have or have had a mental illness.”¹ Even more concerning, “young people aged 15 to 24 are more likely to experience mental illness and/or substance use disorders than any other age group.”²

Currently there are at least twelve different websites and services in BC for information on mental health related issues. (The list of twelve can be accessed at the British Columbia Mental Health Services page of the official provincial government website: https://www2.gov.bc.ca/gov/content/justice/criminal-justice/bcs-criminal-justice-system/services-and-resources/services-by-need/mental-health-services)

Studies estimate that “the economic burden of mental illness in Canada is estimated at $51 billion per year. This includes health care costs, lost productivity, and reductions in health-related quality of life.”³

However, access to psychologists and most other mental health practitioners is not covered by standard MSP health care. These types of mental health services are offered through private practice, and may be covered through some extended benefits or insurance plans. However, many companies do not offer extended benefits packages. Also, part-time workers are often not covered under any benefits plan which might be offered to full time employees, and many front-line workers are also employed part-time. Psychiatric care is the only type of mental health treatment which is covered by standard health care, yet there are long wait times to begin treatment. It’s not uncommon for patients to wait as long as six months or longer for an initial appointment with a psychiatric doctor. Some patients may be referred for psychological treatment through hospital programs, but the wait time for these programs is long as well. Even if a patient may have the means and the relative well health to wait for a private counselor, many psychologists and therapists are no longer receiving new patients.

Policy 1: Include mental health services in Medical Services Plan coverage using 811 HealthLink BC
Policy 1: Include mental health services in Medical Services Plan coverage using 811 HealthLink BC

What care is available, is not enough. Psychiatric care may not be the most appropriate treatment method for many patients. Psychiatric care is usually provided in times of acute crisis, with patients in extreme distress. Many who have serious and potentially debilitating symptoms but have not reached a state of emergency are left seeking help through family doctors or, if they do not have a family doctor, walk-in clinics, and often being sent home again without any follow-up or treatment plan.⁴ A recent study on the treatment of depression estimated that every dollar spent on publicly funded psychological services would save two dollars for the health system.⁵ Early diagnosis and intervention is vital to maintain patient well-being, and will also help reduce and ultimately prevent a drain on the resources of emergency health care and psychiatric hospitals, doctors, and nurses.

Why Use HealthLink?

The existing HealthLink service is already fully equipped to include mental health services. It currently connects callers to five different areas of medical expertise: registered nurse, a registered dietitian, a qualified exercise professional, or a pharmacist. Callers are connected first to a health service navigator, who can provide the caller with health information, find health services across the province, and connect the caller to any of these five types of practitioners.⁶ These navigators are available twenty four hours a day, every day of the year. The existing system also provides translation services in more than 130 languages if needed, and also provides video relay services or teletypewriter for callers who may be deaf, hard of hearing or speech-impaired. No extra work or dollars need be invested recreating a system to connect patients to practitioners, it is already in existence and functioning well. Adding the ability to connect callers to practitioners is the next logical step. After an initial intake session to determine which type of modality is appropriate, callers could connect with a registered practitioner using a virtual appointment, the same way family doctors and specialists have been continuing patient care during the pandemic.
Areas for future research

These recommendations may be beyond the scope of our survey but we feel the results and analysis provide several recommendations for areas of further interest and study. Firstly, allocate federal funding towards expansion of the 811 HealthLink BC Service and determine how much of the funding can be put towards immediate access to treatment for front-line workers, and then for the general public. Longer term goals: create an incentive program to attract and invest in psychologists, counselors, therapists, to address a shortage of practitioners in BC. Initiate long term studies tracking dollars spent on patient care per patient, after access to counseling has been made a permanent addition to the Medical Services Plan: the cost of treatment in relation to the declining cost of health care for many physical illnesses which are affected by mental health. As noted in the previous sections many of the top costs to the health care system in Canada are chronic illnesses connected to mental wellness. Self-care is a major component of managing these issues through diet and exercise, yet these areas are strongly affected by the mental health of the patient. The initial cost of implementing psychological care may be recouped and possibly exceeded by declining costs of treatment for patients who are suffering less from these chronic physical illnesses. Long term studies are needed to examine this relationship.
Policy 2: Expand pandemic pay to all front-line workers, covering sectors which have previously been left behind

Context

As part of its pandemic response plan, the provincial government of British Columbia has introduced a temporary ‘pandemic pay’ program to support employees working in the health, social services and corrections sector as they continually provide services in areas where it is impossible or challenging to abide by physical distancing guidelines. BC’s pandemic pay takes the form of a one time, lump-sum payment delivered to workers via their employers. Despite also being considered ‘essential’ by the provincial government, private retail, grocery and food service & food preparation sectors are not included in the pandemic pay program.¹ A number of private companies in these sectors have instituted temporary wage increases in recognition of their employees’ front-line work during the pandemic, however many such businesses have already begun eliminating this wage increase, or have made plans to do so in the near future.² ³ As mentioned previously in our findings, 69% of those who said their economic needs were not currently being met were employed in the private retail, grocery and food services & food preparation sectors. These three sectors alone accounts for a large portion of youth currently working. To ensure the economic needs of youth working in front-line industries are continually met we would like to see policy recommendations number two implemented.

“Who is an ‘essential worker’ in BC?” The provincial government defines an essential service as follows: “those daily services essential to preserving life, health, public safety and basic societal functioning. They are the services British Columbians come to reply on in their daily lives”. (from their website) This definition of essential services includes the following sectors: essential private retail, grocery and food & beverage among others.
**Policy 2: Expand pandemic pay to all front-line workers, covering sectors which have previously been left behind**

**What We Recommend**

The BC provincial government should expand the existing COVID-19 pandemic pay to include all essential front-line workers, as defined by the BC provincial government. This policy recommendation targets all those employed in essential front-line sectors, rather than youth front-line workers exclusively. This was done deliberately; our reasoning for expanding pandemic pay to include all those employed in front-line occupations is for fairness and equality. All those working in essential front-line sectors should be recognized for the risk they took working during a pandemic. The fact that youth employment in this sector is higher compared to other demographics is simply a benefit to this policy recommendation. Furthermore, this policy recommendation is expected to positively impact youth front-line workers more so than other demographics when considering the age, work experience and compensation packages of youth relative to other age demographics of those employed in front-line sectors within Metro Vancouver.

**Why?**

By implementing this policy recommendation, the government of BC would ensure that youth in front-line sectors get the economic support and recognition they deserve for their contributions to Canada’s economy and society during this time of profound crisis. During this pandemic, our respondents have reported to us that their economic needs are not being met given the current conditions, and this policy recommendation is meant to address that. When economic needs are not being met it erodes a person’s financial and by consequence mental well being as well.
Policy 2: Expand pandemic pay to all front-line workers, covering sectors which have previously been left behind

Case Study: Manitoba’s Risk Recognition Program

Like BC’s pandemic pay program, Manitoba’s program offers a one time, lump-sum payment for those employed in “essential sectors” which includes the food & beverage, grocery, and essential private retail sectors, among others. This payment program is not a wage increase but rather an offer of gratitude and support from the Province of Manitoba to those employed in essential sectors who continued working despite the risks to keep Manitobians safe during the pandemic.⁴ The application process is completed online, with the list of definitions and eligibility, FAQ and application form displayed prominently under the COVID-19 section on the Government of Manitoba website.⁵ Applying for this program is straightforward, with applicants only need the name of their employer, occupation title, hours worked during the pandemic, and their personal identification information to successfully apply - a process that takes less than five minutes. In our view, a program like this is something BC should emulate and would be ideal in ensuring front-line workers are recognized for their contribution during the pandemic and also address any economic needs they may have the government and/or their employer have missed.
Policy 3: Increase CERB income cut-off level from $1,000 to $2,000 per month

Context

On April 6th of this year, the federal government launched its Canada Emergency Response Benefit (CERB), which provides those facing unemployment or reduced hours due to COVID-19 with a taxable monthly income of $2000, for a maximum of four months. Under the current CERB system, recipients are permitted to receive a maximum of $1,000 per month while still receiving the benefit. In our study, 87% of our respondents reported having moderate/extreme stress since the beginning of the pandemic. From that 87%, 81% say their economic needs are not being met. Furthermore, we found through surveys, comments, and interviews that there was a lack of financial support eligibility amongst youth Frontline workers. A study by InsideWest found similar results, noting that 73% of 18-34-year old’s are feeling more stress relative to a much lower 59% of 35-44 year old’s, or 47% of the 55+ group. They also found that essential workers (of which there is significant overlap in definitions) regardless of age are much more likely to feel stressed, worried, and lonely when compared to those who are not working, or those who work from home.¹

What We Recommend

Our 3rd recommendation is to raise the CERB income cut-off level, increasing the amount of money individuals can make while still receiving the benefit from $1,000 to a minimum of $2,000. The eligibility criteria revision should happen promptly and be implemented as soon as possible, in accordance with the provincial government’s regional expertise. We recommend that further research be conducted in order to determine an optimal threshold. Further research could also take into account a more intersectional perspective on socio-economic factors such as gender, ethnicity, housing, etc.
Many front-line workers find themselves in a compromising position, caught between supporting themselves financially and being able to prioritize their mental health. They often make between $1000-$2000 monthly. According to Statistic Canada, the average grocery store clerk wage was $16.64 an hour in 2018.\(^2\) That is just over $30,000 annually across the country - in Metro Van that just doesn't cut it. The current criteria and maximum earning amount of $1000 means that many youth front-line workers have no options. They must continue to work, regardless of their mental state, falling through the system’s cracks. The revision of CERB’s eligibility criteria is imperative to supporting our youngest front-line workers by providing options for their personal economic recovery plan. Neglecting our youth front-line workers’ needs is not an option. 48% of all “youth” across the province were employed in some kind of front line job in 2019. They will likely continue to make up a significant part of those in front-line jobs. If we fail to hear the voices of some of our youngest front-line workforce members, we have done our future selves a disservice.

“Working part-time, receive around 1200-1400 cad a month, but I cannot apply for CERB, but the CERB gives 2000 to people not working. I need to work for my mental wellness and experience. The ICBC still charged for insurance the same amount although you don't drive that often. Hydro would not wave my bill because I am working. But what I earn is not that much.”

- A survey respondent
Areas for Overall Future Research

We acknowledge that this issue is far more complex than the scope of our research. Mental health and financial well-being are deeply interconnected. It is a multifaceted issue spanning multiple disciplines and approaches. In order to fully understand the impact COVID-19 has had on mental health in youth front-line workers, we must ask more questions: What is the overlap between youth front-line workers and active students? What is the role of pre-COVID low wages in these jobs? How has socio-economic issues, like housing, impacted the effects of mental health before and during the pandemic? As a country we have defined what sectors are essential to society, yet they are often unrecognised, undervalued, underpaid and largely represented by marginalized people. How do issues of marginalization such as race and gender play out here? Due to the confined nature of our research [limited resources, team members] and tight deadline, these intersectionalities could not be explored to their full capacity. We recommend further research, consultation and work be completed for a more holistic understanding and of course - more holistic policies.

Conclusion

While the impacts of COVID-19 in terms of physical health and its effects on the national economy have been acknowledged and addressed - to varying degrees - by the government, the pandemic’s impact on individuals’ mental health has not been sufficiently confronted. Nowhere is further action in this area needed more than among front-line workers, many of whom are youth.

While we of course recognize that our sample size is far too small to be considered representative, we strongly believe that our findings indicate a need for action - as well as further research in the areas indicated in this report.

By implementing the three policy recommendations that we have outlined here, the BC provincial government and Canadian federal government can support this country’s youth in overcoming the mental health impacts of working through a truly harrowing moment in global history. These policy recommendations both address this demographic’s mental health needs directly, and address their economic needs as a means of improving mental health, thus fulfilling both of the goals we outlined earlier.

To ensure the well-being of young Canadians, and indeed to help nurture the future of this country, our provincial and federal governments must act now.
Policy 1


⁶ BC Government webpage, https://www.healthlinkbc.ca/about-8-1-1

⁷ Statistics Canada. Table 13-10-0394-01 Leading causes of death, total population, by age group
**Policy 2**


**Policy 3**
