



CVID-19 CORONAVIRUS



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Guide for Maintaining Mental Health Related Interventions Under Pandemic Conditions: Focus on Telehealth

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1. Background

The COVID-19 pandemic caused by coronavirus 2 (SARS-CoV-2) has motivated most governments around the world to impose measures to manage the outbreak and reduce transmission. To prevent the spread of COVID-19, the Government of Quebec has introduced province-wide regulations concerning travel, quarantine, and social distancing for all residents. Social distancing, believed to be the most effective means of limiting community transmission of the virus, requires avoidance of physical proximity with others, such as prolonged interactions in the same physical space.

Under normal conditions, mental-health interventions rely heavily upon face-to-face interactions to allow for clinical evaluations, individual, group and family psychotherapy sessions, counseling sessions, pharmacological consultations and other interventions that are part of routine mental-health care. Under present conditions, such direct contacts are incompatible with the goals of strict social distancing. Nonetheless, continued mental-health services are necessary to avoid neglecting the needs of the population, especially given the added stress experienced by people under pandemic conditions. For these reasons, the Quebec Government has designated mental-health interventions as being essential services that must be maintained throughout the run of the pandemic.

2. How to Maintain Mental Health Services for People Seeking Treatment

2.1 In Person Interventions

- Upon arrival direct the individual to a sink or bathroom and ask them to wash their hands with soap as per unit availability or ask them to use hand disinfectant rub.
- Ask the following screening questions:
 - Question 1: Do you have any cold or flu-like symptoms?
 - Question 2: Have you returned from travel (including travel within Canada) in the last 14 days or had exposure to a confirmed positive case of COVID-19?
- If the individual answers yes to either question It may be important that they be tested for COVID-19 have them call **1 877 644-4545 (toll-free)**.
 - If the individual requires assistance, have support staff call for them.
- If needed, refer to the latest guidance from the CIUSSS and Infection Control and Prevention. **Useful resources – Intranet:** <http://intranet.comtl.rtss.qc.ca/qui-sommes-nous/mesures-durgence-et-securite-civile/coronavirus> and **Website:** <https://ciusss-ouestmtl.gouv.qc.ca/zone-personnel-du-ciusss/covid-19/>

2.2 Telehealth Interventions

Telehealth refers to provision of interventions (evaluations, psychotherapy, consultations, etc.) at a distance, through the use of various technologies. The latter may include use of:

- **Telephone** communications,
- Platforms for **tele-conferencing** and
- **Web-based platforms** for video-conferencing.

2.2.1 Evidence for Telehealth

Practitioners are often unfamiliar with the use of telehealth in their practices, and are therefore sometimes uncomfortable with it. However, there is an accumulating literature showing the following:

- Response to interventions offered through telehealth rival face-to-face interventions for **clinical efficacy** (1, 2).
- Telehealth is shown to produce significant **improvement in symptoms and associated problems** for a variety of mental-health disorders and populations (3, 4) — including adult depression and anxiety (5, 6), anger management (7), post-traumatic stress disorder (8), eating disorders (9), childhood depression (10), family counseling (11), and other problems.
- Participant ratings of **satisfaction** with telehealth interventions and alliance with telehealth therapists is generally found to be very good—comparable to that in face-to-face interventions (12).
- There is evidence to support telehealth applications involving **individuals, groups and families** (13).

The interested reader is referred to additional published articles and documents (14-18) in the [reference list](#) that support the preceding points, and from which we have distilled the following guidelines and recommendations for telehealth practices. The following points are designed to guide practitioners in maintaining mental-health services via remote consultations.

3. Telehealth: overview and technical issues

Various devices can be used to provide telehealth—including telephones, personal computers, tablets, and cellular phones. If using web-based communications, there are also a variety of platforms that can be utilized. The Quebec Ministry of Health and Social Services (Ministère de la Santé et des Services Sociaux, MSSS) authorizes use of the following:

Web-based platforms	During pandemic use for	Tutorials & Information
Zoom telehealth (MSSS licenses only, not a personal account)	Clinical consultations	Telesante.quebec (MSSS)
REACTS	Practitioner <-> Practitioner	
Microsoft TEAMS	Practitioner <-> Practitioner with Outlook 365 emails (not recommended for exchange of confidential information)	

3.1 Zoom License for Clinical Consultations

Please note that it is mandatory to use the MSSS Zoom license for telehealth practice and not a personal account. The settings for the licenses provided by the ministry are specifically set up to respect the legal issues within the health system, particularly in regards to the confidentiality of users.

- Application form for the Zoom telehealth license:
<https://app.smartsheet.com/b/form/967da2ee5c9e4d9ab26b166c4cc943bc>.
- Make judicious use of licenses by first assessing the number of users with whom it will be effectively possible and advantageous to use telehealth.
- For more information, send requests to: telesanté@douglas.mcgill.ca.

3.2 Preparing Yourself for a Telehealth Consultation

- Take time to become competent in using your chosen telehealth platform.
- Ensure you have access to the equipment needed:
 - Appropriate electronic device, internet access, headphones and cameras for video-conferencing.
- Make sure the equipment (laptop, phone) is well charged or plugged in, and
 - If possible, have a back-up device available.
- Remember that telephone consultations are simple to set up, and often meet needs adequately.

4. Managing Risks with Telehealth

- With telehealth, managing high-risk individuals (with extreme medical or psychiatric vulnerabilities) may pose unique challenges.
 - However, when prepared with emergency safety protocols, telehealth has been shown to be safe and effective (see Luxton et al, 2011; Shore, 2013).
- Always **have a safety plan ready**:
 - Should an individual experience marked distress, suicidal ideation, self-destructive impulses, panic, or other decompensations, what will be his/her safety plan? To whom can he/she turn? Are there local supports (e.g., family, a spouse, or friends) to which he/she can turn?
 - Have a clear understanding of what to do when the consultation is not going well for clinical and technical reasons.
 - It is always advisable to obtain detailed contact information (e.g., phone number, email, address), not only for the individual, but also for backup relatives or friends who can be reached in the event of an emergency.
 - A sample contact information form is provided in [Appendix A](#).
 - Obtain the individual's consent to contact these individuals (via password protected email or, at least, through a verbal consent documented and signed by you) prior to beginning the intervention.
 - Review and prepare ways of getting in contact with colleagues and support staff during telehealth interventions.

- Consider using monitoring tools (questionnaires or apps) to evaluate the individual's mental status and the appropriateness of using telehealth interventions with certain individuals.

4.1 Safety measures in case of emergency:

- **Remain connected** with the individual, and
 - If the connection is lost, try to reconnect or call the individual on the phone.
- While maintaining contact, either the provider or the individual can **call the emergency services** by telephone for transport, if necessary.
- If necessary, **support staff or colleagues** may be able to assist with contacting emergency departments or emergency services.
- **Relative/Emergency contact:** Work with other individuals present in the home as needed.

5. Legal and Ethical Considerations

- As usual, healthcare workers should always respect:
 - The licensing requirements, reserved acts and recognized professional competencies of the practice of their respective professional orders;
 - The code of ethics of his/her professional order; and
 - CIUSSS and MSSS policies and regulations.

6. Preparing the Individual for a Telehealth Intervention

- **Inform the individual:**
 - Provide appropriate information about risks, limitations and benefits of telehealth procedures.
 - A sample information/ consent form is provided in [Appendix B](#).
 - Warn the individual about the possibility of interruption due to loss of web connection or other technical problems, and develop a contingency plan (e.g., using phone as a backup).
 - The individual should be aware of risks of frustrations or misunderstandings that could result from lack of physical/visual clues, and technology failure), and privacy limitations (including limits of security of information, the unlikely possibility of interception of communications, etc.).
- **Technology:** Ensure that the individual has access to the equipment they require:
 - Appropriate electronic device, internet access and skills for video-conferencing;
 - If not, telephone consultations may be sufficient.
 - Advise the individual to have their equipment (laptop, phone) charged or plugged in.
- **Emailing documents:** When transferring information via email (consent forms, information sheets, questionnaire forms if using them, etc.) remember that email is NOT secure.
 - Rely on password protected documents whenever possible, and warn individuals about limits of security.

- **Privacy and Confidentiality:** Telehealth sessions go better when individuals anticipate their needs for privacy.
 - Remind individuals to select the most comfortable environment – or have suggestions ready for them – that will be safe from interruptions by family members, roommates, etc. (Feeling uncomfortable about prying eyes and ears can make the telehealth experience an awkward rather than satisfying one).

7. Considerations for Specific Interventions

Initial evaluations

Initial contacts with an unknown individual **require particular attention**. Some sources recommend **doing evaluations with two practitioners present**, so that there is the possibility of reaching consensus about observations, and support in the event of need to respond to an emergency (e.g., to call for assistance while maintaining contact with a suicidal individual).

Individual therapy

Individual therapy sessions generally **come to feel like face-to-face sessions after a few minutes**. Warn the individual, just the same, that video sessions can break off abruptly, and that the phone will serve as backup. Otherwise, all the same considerations apply around preparation for goals of therapy, limits of confidentiality, and other aspects of therapy. Make special accommodations for the added difficulty of completing forms, thought records, journals, etc. You may want to recommend people to self-help sites for specific problems. (See list in [Appendix C](#)).

Family and Group therapy

The Zoom platform is **particularly amenable to group meetings**, and serves well to run group therapy and family sessions. Individuals need, however, to be advised about the **need for extra patience around getting an “in” to communicate** or risk of being cut off, as normal social and visual cues that guide communications are less available.

References

1. Hilty DM, Rabinowitz T, McCarron RM, Katzelnick DJ, Chang T, Bauer AM, et al. An Update on Telepsychiatry and How It Can Leverage Collaborative, Stepped, and Integrated Services to Primary Care. *Psychosomatics*. 2018;59(3):227-50. Epub 2018/03/17. doi: 10.1016/j.psych.2017.12.005. PubMed PMID: 29544663.
2. Langarizadeh M, Tabatabaei MS, Tavakol K, Naghipour M, Rostami A, Moghbeli F. Telemental Health Care, an Effective Alternative to Conventional Mental Care: a Systematic Review. *Acta Inform Med*. 2017;25(4):240-6. Epub 2017/12/30. doi: 10.5455/aim.2017.25.240-246. PubMed PMID: 29284913; PubMed Central PMCID: PMC5723163.
3. Backhaus A, Agha Z, Maglione ML, Repp A, Ross B, Zuest D, et al. Videoconferencing psychotherapy: a systematic review. *Psychol Serv*. 2012;9(2):111-31. Epub 2012/06/06. doi: 10.1037/a0027924. PubMed PMID: 22662727.
4. Hilty D, Yellowlees PM, Parrish MB, Chan S. Telepsychiatry: Effective, Evidence-Based, and at a Tipping Point in Health Care Delivery? *The Psychiatric clinics of North America*. 2015;38(3):559-92. Epub 2015/08/25. doi: 10.1016/j.psc.2015.05.006. PubMed PMID: 26300039.
5. Berryhill MB, Culmer N, Williams N, Halli-Tierney A, Betancourt A, Roberts H, et al. Videoconferencing Psychotherapy and Depression: A Systematic Review. *Telemed J E Health*. 2019;25(6):435-46. Epub 2018/07/27. doi: 10.1089/tmj.2018.0058. PubMed PMID: 30048211.
6. Ruskin PE, Silver-Aylaian M, Kling MA, Reed SA, Bradham DD, Hebel JR, et al. Treatment outcomes in depression: comparison of remote treatment through telepsychiatry to in-person treatment. *The American journal of psychiatry*. 2004;161(8):1471-6. Epub 2004/08/03. doi: 10.1176/appi.ajp.161.8.1471. PubMed PMID: 15285975.
7. Morland LA, Greene CJ, Rosen CS, Foy D, Reilly P, Shore J, et al. Telemedicine for anger management therapy in a rural population of combat veterans with posttraumatic stress disorder: a randomized noninferiority trial. *The Journal of clinical psychiatry*. 2010;71(7):855-63. Epub 2010/02/04. doi: 10.4088/JCP.09m05604blu. PubMed PMID: 20122374.
8. Frueh BC, Monnier J, Yim E, Grubaugh AL, Hamner MB, Knapp RG. A randomized trial of telepsychiatry for post-traumatic stress disorder. *J Telemed Telecare*. 2007;13(3):142-7. Epub 2007/05/24. doi: 10.1258/135763307780677604. PubMed PMID: 17519056.
9. Sprock LE, Anderson KP. Clinician-Delivered Teletherapy for Eating Disorders. *The Psychiatric clinics of North America*. 2019;42(2):243-52. Epub 2019/05/03. doi: 10.1016/j.psc.2019.01.008. PubMed PMID: 31046926.
10. Nelson EL, Barnard M, Cain S. Treating childhood depression over videoconferencing. *Telemed J E Health*. 2003;9(1):49-55. Epub 2003/04/18. doi: 10.1089/153056203763317648. PubMed PMID: 12699607.
11. Glueckauf RL, Fritz SP, Ecklund-Johnson EP, Liss HJ, Dages P, Carney P. Videoconferencing-based family counseling for rural teenagers with epilepsy: Phase 1 findings. *Rehabilitation Psychology*. 2002;47(1):49-72. doi: 10.1037//0090-5550.47.1.49.
12. Orlando JF, Beard M, Kumar S. Systematic review of patient and caregivers' satisfaction with telehealth videoconferencing as a mode of service delivery in managing patients' health.

- PloS one. 2019;14(8):e0221848. Epub 2019/08/31. doi: 10.1371/journal.pone.0221848. PubMed PMID: 31469865; PubMed Central PMCID: PMC6716655.
13. Banbury A, Nancarrow S, Dart J, Gray L, Parkinson L. Telehealth Interventions Delivering Home-based Support Group Videoconferencing: Systematic Review. *Journal of medical Internet research*. 2018;20(2):e25. Epub 2018/02/06. doi: 10.2196/jmir.8090. PubMed PMID: 29396387; PubMed Central PMCID: PMC5816261.
 14. Luxton DD, June JD, Kinn JT. Technology-based suicide prevention: current applications and future directions. *Telemed J E Health*. 2011;17(1):50-4. Epub 2011/01/11. doi: 10.1089/tmj.2010.0091. PubMed PMID: 21214382.
 15. Mitchell JE, Crosby RD, Wonderlich SA, Crow S, Lancaster K, Simonich H, et al. A randomized trial comparing the efficacy of cognitive-behavioral therapy for bulimia nervosa delivered via telemedicine versus face-to-face. *Behav Res Ther*. 2008;46(5):581-92. Epub 2008/04/01. doi: 10.1016/j.brat.2008.02.004. PubMed PMID: 18374304; PubMed Central PMCID: PMC2633728.
 16. Shore JH. Telepsychiatry: videoconferencing in the delivery of psychiatric care. *The American journal of psychiatry*. 2013;170(3):256-62. Epub 2013/03/02. doi: 10.1176/appi.ajp.2012.12081064. PubMed PMID: 23450286.
 17. Royal College of Psychiatrists. Digital - COVID-19 guidance for clinicians 2020. Available from: <https://www.rcpsych.ac.uk/about-us/responding-to-covid-19/responding-to-covid-19-guidance-for-clinicians/digital-covid-19-guidance-for-clinicians>.
 18. American Psychiatric Association. Coronavirus and Mental Health: Taking Care of Ourselves During Infectious Disease Outbreaks 2020. Available from: <https://www.psychiatry.org/news-room/apa-blogs/apa-blog/2020/02/coronavirus-and-mental-health-taking-care-of-ourselves-during-infectious-disease-outbreaks>.

Appendix A – Sample Contact Information

Contact Information and Consent to Communicate for the COVID-19 period

During the COVID-19 period, we are making every effort to continue to support people in need of our services, but also to apply appropriate social distancing measures. For this reason, for a temporary period, we are conducting evaluations and therapy via distance telehealth (using Zoom).

To ensure everyone's safety, we would ask that you provide names of a couple of people who can provide back-up in the event of a crisis or emergency. If possible, please include one person living at your home address, who could be available on site to provide assistance in case of need.

We would also ask for your authorization to contact these people on your behalf, in the event of an emergency situation requiring assistance from a third party.

Your contact information

Phone number: _____

Email address: _____

Street address: _____

Person to contact in case of an emergency (at same address):

Name: _____

Relationship to you: _____

Phone number: _____

Email address: _____

Street address: _____

Person to contact in case of an emergency (at different address):

Name: _____

Relationship to you: _____

Phone number: _____

Email address: _____

Street address: _____

Verbal consent to contact the above-named parties was obtained by telephone on:
_____ (date)

Practitioner's signature: _____

Appendix B – Example of an information/consent form

It is a good idea to obtain consent for telehealth interventions. The following form is an example adapted from one available from the Ordre des psychologues du Québec, available at: <https://www.ordrepsy.qc.ca/formulaire-de-consentement-pour-la-telepsychologie> (in French only).

Here is an unofficial adapted translation, modified to be suitable to professionals from various disciplines:

CONSENT FORM FOR TELEHEALTH INTERVENTION

Name of practitioner, Title: _____

Client's name: _____

Nature of services

In the context of telehealth follow-up, various interventions can be offered. The practitioner will discuss your objectives, expectations and needs with you. Then, the mandate, consultation objectives, frequency and follow-up procedures will be established with you.

Client's request (specify)

Theoretical approach, tools or techniques used (if relevant)

Advantages, disadvantages and alternatives to services (if relevant)

Terms and conditions of service delivery

The number of sessions will be (specify if fixed term) OR meetings will be held at the rate of one session per week (or other frequency, to be specified) and the duration of therapeutic services will be determined by various factors, such as the nature of the difficulties encountered, the achievement of objectives and the evolution of the treatment. The meetings will last __ minutes.

Telehealth

Due to the pandemic context, the use of telehealth has been chosen with your agreement. This practice has certain limitations that need to be understood, and it is important to take certain steps to address these limitations. Thus, before beginning a follow-up in telehealth, the practitioner will agree with you on the process to be followed.

Selected software: _____

Client nickname: _____

Practitioner pseudonym: _____

Confidentiality: The practitioner makes every effort to ensure the confidentiality of telehealth encounters; however, the type of software used cannot guarantee absolute confidentiality and breaches of confidentiality beyond the practitioner's control. You must also ensure that you take the necessary measures to ensure the confidentiality of your information with regard to the software used on your computer and your computer data management. E-mail services (e.g., Gmail, Hotmail, Yahoo, etc.) cannot guarantee the confidentiality of your communications. Thus, if you communicate with the practitioner by e-mail, you consent to the fact that the confidentiality of the information transmitted may be compromised.

Information (relevant to the context of the provision of services) on the choice to refuse the professional services offered or to cease, at any time, receiving the services

You are free to terminate the procedure at any time. However, it is always preferable to discuss with the practitioner the reasons for terminating the follow-up in order to better understand the reasons for doing so, and to allow a referral to appropriate services, if necessary.

Rules on confidentiality and its limits (depending on the context)

The information you disclose during meetings with a practitioner is protected by professional secrecy and is therefore confidential. It is suggested that you provide names and contact information of local third parties who can be reached in the event of emergency. For the purposes of maintaining professional secrecy, practitioners must not disclose any information about their clients unless he/she expressly consents to disclosure of information, or unless he/she demonstrates risk of behaviors that constitute a danger to self or others., as in the following examples^a:

1. To prevent an act of violence (suicide, homicide, assault) when the practitioner has reason to believe that there is a serious and imminent risk of death or serious injury to an identifiable person or group of persons. In this case, the practitioner may disclose the necessary

^a "La renonciation et les exceptions au secret professionnel" <https://www.educaloi.qc.ca/capsules/la-renonciation-et-les-exceptions-au-secret-professionnel>

information to the person concerned, his or her representative or those who could help the person in danger;

2. When the development or safety of a child is threatened, the practitioner must notify the Director of Youth Protection (DYP).

The practitioner establishes a confidential record for each client. At each meeting, information that reflects the process is entered in your file, which is kept in a secure location. The practitioner is responsible for managing the retention of records and ensuring that only authorized persons have access to them.

There is to be no recording of audio or video portions of telehealth calls or videos, whether by the practitioner or by the service user. Audio or video recording of a person's communications on a call without his/her knowledge and expressed consent is unethical and illegal.

Procedures for the transmission of confidential information (depending on the context)

The transmission of information about you to a third party can only be made with your written consent, unless otherwise required by law.

Consent

I agree to receive the services as proposed and discussed. I have read this document and agree to the terms and conditions contained herein, having otherwise obtained satisfactory answers to the questions I have asked (if any).

Signature (client): _____ Date: _____

Signature (practitioner): _____ Date: _____

Name of practitioner, title

This form is sent by email to the client. Indicate how it is to be forwarded by the client to the practitioner (for example: "This form will be scanned or photographed by the client and emailed back to the practitioner").

Appendix C – Self-Management Resources during Pandemic Conditions

There are many good resources (in print, on the web, and through help lines) to which you may wish to refer your patients should they feel a need for extra support during these extra difficult times. To follow, we provide a list of resources useful for a range of needs. The list is provided in alphabetical order.

For information about COVID-19, you can refer to the Quebec government website:

- French website: <https://www.quebec.ca/sante/problemes-de-sante/a-z/coronavirus-2019/>
- English website: <https://www.quebec.ca/en/health/health-issues/a-z/2019-coronavirus/>
- Call Lines: 514-644-4545 / 450-644-4545 / 418-644-4545 / 819-444-4545

Resources in alphabetical order																		
Resources	Web Link /Phone Number Language	Call Lines / Virtual communication	Mobile Applications	Websites or documents	Youth-oriented Mental Health	Parents and Families	Students	Veterans	Anxiety / Stress reduction	Crisis	Depression and Mood disorders	Eating Disorders	Food bank	Housing	Intimidation	Substance abuse/addiction	Suicidal Ideation	Violence and Sexual Assault
@PsyAssistance	EN / FR Apple		○							●	●						●	
+Fort	EN / FR Android – Apple		○		●										●			
Alcoholics Anonymous / Alcooliques Anonymes	EN-FR / Montreal EN	○		○												●		
Anorexie et boulimie Québec	EN / FR	○		○								●						

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Arrondissement.com				○		●			●		●		●	●			●	●
Association Canadienne pour la santé mentale	FR			○														●
Breath2Relax	EN Android – Apple		○						●									
Centre pour les victimes d'agression sexuelle de Montréal	Quebec : +1-888-933-9007 Montreal : +1-514-933-9007 EN / FR	○		○														●
Drestressify	EN Android – Apple		○						●									
Drugs: Help and Referral / Drogue: aide et référence	EN / FR	○														●		
Écoute Entraide	514-278-2130 FR	○				●			●		●						●	
Équipe du 211	EN / FR			○		●			●		●			●				●
eSanté Mentale	EN / FR			○		●		●	●	●	●	●	●	●	●		●	●

Resources in alphabetical order

Resources	Web Link /Phone Number Language	Call Lines / Virtual communication	Mobile Applications	Websites or documents	Youth-oriented Mental Health	Parents and Families	Students	Veterans	Anxiety / Stress reduction	Crisis	Depression and Mood disorders	Eating Disorders	Food bank	Housing	Intimidation	Substance abuse/addiction	Suicidal Ideation	Violence and Sexual Assault
Happify	EN / FR / + Android – Apple		○						●		●							
HealthyMinds / Toutematête	EN / FR Android – Apple		○				●		●									
iSmart	EN / FR Android – Apple		○						●									
Jeunesse J'écoute	EN / FR	○			●	●			●		●	●		●	●		●	●
Lifeline Canada Foundation	EN (descriptions in FR)		○						●		●							
Ligne-Parents	FR	○				●												
Mental Health and the COVID-19 Pandemic (CAMH)	EN / FR			○		●			●									
Mental Health Commission of Canada / Commission de santé mentale du Canada	EN / FR			○					●									
MindHeart	EN / FR / +			○		●												

Resources in alphabetical order

Resources	Web Link /Phone Number Language	Call Lines / Virtual communication	Mobile Applications	Websites or documents	Youth-oriented Mental Health	Parents and Families	Students	Veterans	Anxiety / Stress reduction	Crisis	Depression and Mood disorders	Eating Disorders	Food bank	Housing	Intimidation	Substance abuse/addiction	Suicidal Ideation	Violence and Sexual Assault
MindShift	EN Android – Apple		○						●									
MoodPrism	EN Android – Apple		○								●							
Mouvement santé mentale Québec	FR	○		○		●			●		●	●		●			●	●
OSI Connect (operational stress injuries)	EN Android – Apple		○					●	●									
Regroupement des Services d'intervention de Crise du Québec	FR	○								●				●				
Répertoire des ressources alimentaires pour personnes à faible revenu du grand Montréal (Centre de référence du Grand Montréal)	FR			○									●					
Suicide Action Montréal	EN / FR	○															●	
Table de concertation en violence conjugale de Montréal	FR			○														●

Resources in alphabetical order

Resources	Web Link /Phone Number Language	Call Lines / Virtual communication	Mobile Applications	Websites or documents	Youth-oriented Mental Health	Parents and Families	Students	Veterans	Anxiety / Stress reduction	Crisis	Depression and Mood disorders	Eating Disorders	Food bank	Housing	Intimidation	Substance abuse/addiction	Suicidal Ideation	Violence and Sexual Assault
Tel-Aide	514-935-1101 EN / FR	○							●									
Tel-Jeunes	EN / FR	○			●	●			●		●	●			●		●	●
Trousse sur la violence conjugale (Institut de santé publique du Québec)	FR			○														●