

# The life and death COVID-19 curve no one is talking about

*Laura Armstrong*

As Canada works to flatten the [coronavirus](#) curve, the combination of anxiety, economic insecurity and isolation has mental health experts concerned that suicide rates in the country could be headed in the opposite direction.

A recent study co-authored by University of Toronto professor of psychiatry Roger McIntyre, the head of the University Health Network's Mood Disorders Pharmacology Unit for more than two decades, projected suicides as a consequence of the impact of COVID-19 on unemployment alone could lead to an increase of 27.7 per cent to Canada's annual average of deaths by suicide — about 4,000 per year — in both 2020 and 2021.

The study predicted three scenarios, with no mitigation, over the two-year period.

- Minimal increases in unemployment rates between 2019 and 2021 would cause 4,127 suicides in 2020 and 4,143 in 2021, slight increases compared to the 2018 rate of 3,811, according to Statistics Canada.
- Moderate increase in unemployment rates to between 7 and 7.5 per cent — should the pandemic be contained and lockdown measure be lifted during the late half of 2020 — would see a 5.5 per cent increase in suicides per year, for a total of 418 excess suicides between 2020 and 2021.
- Extreme increase in projected unemployment rate, about 15 per cent, would result in 2,114 suicides beyond what's expected in 2020 and 2021, representing that 27.7% increase in suicides per year.

Canada's official unemployment rate currently sits at 13.7 per cent. That number is "knocking on the door of extreme," said McIntyre, and projects to an increase of about 750 suicides each this year and next.

"I started thinking the objective is not to flatten the curve," McIntyre said when asked why he engaged in the study. "The objective is to flatten the curve and prevent the curve of suicide and mental illness. The World Health Organization defines health as physical and mental and social well-being, so how does it add up that you can protect someone's physical health by destroying their mental health? No one's going to say that's a good outcome."

The study's findings ring true based on research following previous pandemics, epidemics and economic shocks, like the 2008 financial crisis, the Asian financial crisis in the late 1990s and even the great depression, said McIntyre. Generally, for every one per cent increase in unemployment in the wake of those crises, there was a commensurate one per cent increase in suicide, he said.

"Economy is part of your health," McIntyre said. "The question is not one or the

other.”

Wage subsidies, income and small business support, relief with respect to rent and mortgage, workplace rehabilitation and retraining are all mitigating factors that have been shown to lower suicide rates in time of crisis, McIntyre said. But he also admits to being “guilty in the first degree of making (the study) over simplistic” by linking suicide to just one social factor, unemployment. Canadians are reporting worsening mental health and experts are concerned about the country’s “forgetten” addiction crisis and the potential for an echo pandemic of mental illness due to COVID-19. McIntyre calls depression, PTSD, alcohol and drug use the “early clouds of an ugly storm” said it is “absolutely” possible those factors could lead to more suicides than the study predicted.

“If we’re going to accept that there’s additional risk there’s also potential resiliencies and I don’t know how to weigh those out but what we do know is ... suicide is not a mental illness,” he said. “Suicide is an outcome. Most people who commit suicide have a mental illness. (The study) does not include the increase in depression, the increase in PTSD.”

Psychiatric care is another way to mitigate suicide rates, and McIntyre is also calling for a “smart” reopening of the economy in areas that are not hot spots.

“We don’t just need a vaccine for covid, we need a vaccine for mental health,” he said. “The vaccine is getting people back to work. I say that not because I want CEO fat cats to get richer, that’s not my point. My point is I want people to feel a sense of efficacy. I don’t want them agonizing if they can pay their bills and terrible distress and the next thing you know they’re going to kill themselves.”

McIntyre said he would prefer to prevent suicides rather than treat people at risk of suicide or who have attempted suicide.

Louise Bradley, the president and CEO of the Mental Health Commission of Canada, agrees.

“Sometimes I hear people express it, after other epidemics, after other crises in the world, as if (suicide) is a fait accompli,” she told the Star last month. “It isn’t. I really hope that will be given due consideration and serious thinking and planning.”

Bradley said the Canada’s annual average of 4,000 deaths by suicide a year is already “actually much higher” because of instances where cause of death is not registered as suicide.

The interventions needed to safeguard suicide rates from spiking because of the pandemic are the same interventions people need before the pandemic, Bradley said. Answers lie in individual communities and interventions may not be of the one-size-fits-all variety, but the pillars are the same: specialized supports for those who need help, public education and awareness, means safety, training for community leaders and research.

“Those are the sorts of things are needed, perhaps more so now, because we also know that isolation is a huge risk factor when it comes to suicide,” she said. “I think we are now beginning to understand the huge importance of social connectedness.”

It has been difficult to get suicide prevention taken seriously, Bradley said. She hopes

a silver lining to the pandemic is that it can shine a light on an area that desperately needs the attention.

“(Suicide rates) don’t necessarily have to increase after this,” she said. “If we put the right safeguards, which are the same as before Covid, into place, that spike in people dying doesn’t have to be.”

*If you are thinking of suicide or think someone else may be, there is help. Call your [local crisis line](#) or the police, or go to the emergency room of your local hospital. [Resources are available](#) through the government of Canada. You can connect to a [national network of distress lines](#) at 1-833-456-4566 and [Kids Help Phone](#) at 1-800-668-6868.*

Laura Armstrong is a Star reporter based in Toronto. Follow her on Twitter: [@lauraarmy](#)