

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