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EDITORIAL: Nova Scotia's suicide prevention plan inadequate

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(ALEXEY LAPUTIN)

The time has come to do more than talk about mental illness and suicide prevention in Nova Scotia and Canada.

As successful as the Bell Let's Talk campaign has been in destignatizing mental illness, it's time for an integrated, deadline-driven, goal-oriented strategy to prevent suicides.

This week, Dalhousie psychologist Dr. Simon Sherry <u>called for a new suicide prevention</u> <u>strategy</u>in Nova Scotia. His call came on Monday, World Suicide Prevention Day.

He pointed to Statistics Canada numbers which show that in 2016, there were 134 suicides in Nova Scotia. In the year 2000, there were 75 deaths due to suicide.

Dr. Sherry is correct when he says the present strategy is woefully out of date. In fact, it is not even a strategy but, rather, a less committal "framework." The document, entitled the Nova Scotia Strategic Framework to Address Suicide, was published in 2006 with the goal of providing guidance for up to 10 years.

Dr. Sherry, who works in the mental health-care system, is also correct when he says the system is unco-ordinated and neglected. What could be more telling than links that go nowhere on a provincial suicide prevention website?

But if you really want to know how inadequate and poorly resourced suicide prevention is, ask a Nova Scotian who has tried to get help for suicidal thoughts. Ask someone who has tried in desperation to find treatment for a suicidal family member or friend.

You will hear stories of being sent home from hospital in the middle of the night with no admission, no counselling, no diagnosis or drugs. You will also hear about waiting lists of months and months for counselling and treatments.

You will hear about burned-out mental health workers who don't have time or resources to deal with overwhelming demand.

You will also hear stories about people who lost their lives to suicide and loved ones who fought to get help that wasn't available.

This is the story of a province with no functional strategy. It is also the story of a country that also lacks a strategy on suicide prevention. Canada is the only G-7 nation with no such coordinated approach.

If Nova Scotia needs an example, it should look to how Quebec is leading the way in Canada with its own provincial strategy on suicide: a \$700,000 annual investment and reductions in the suicide rate of up to 30 per cent.

A strategy would hold government responsible for providing timely access to treatment and harm reduction, more attention to mental illnesses that can result in suicide and public education on the early signs of suicide.

Lives will be saved the sooner the province comes up with a plan to revamp its whole approach to suicide prevention.