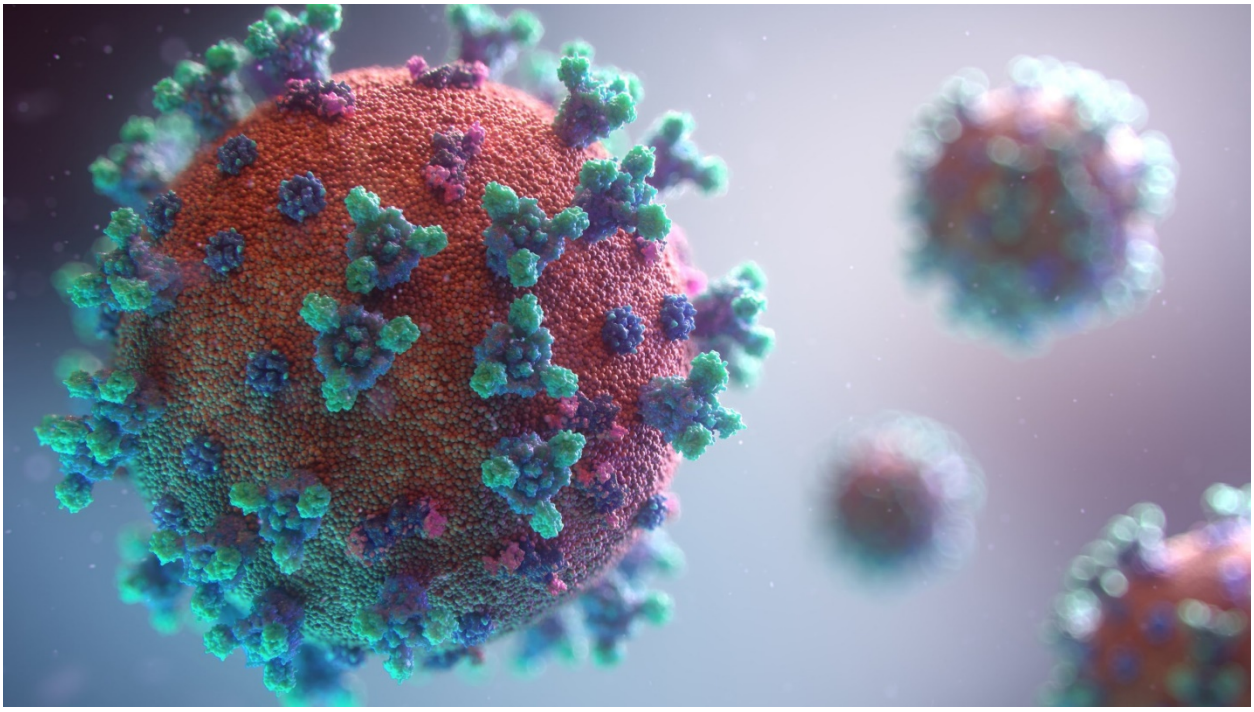
COVID-19 restrictions are causing a mental health crisis: Dal prof

MAY 26, 2020 BY **YVETTE D'ENTREMONT**



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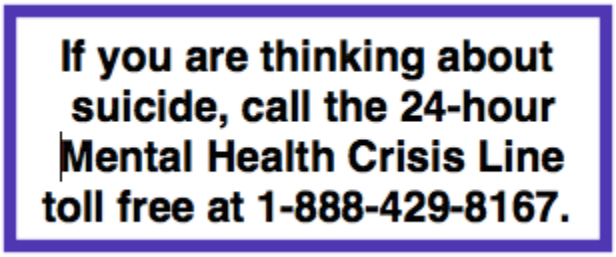
The Halifax Examiner is providing all COVID-19 coverage for free.

A Dalhousie University professor says efforts to stamp out COVID-19 are contributing to a mental health pandemic, and publicly accessible data is required to better understand the toll the virus is taking beyond those who test positive.

Last week, clinical psychologist and psychology professor Simon Sherry distributed a media release outlining his concerns about the cure being worse than the virus if the government doesn't move more quickly to open the province. He believes Nova Scotia has been too narrowly focused on curbing cases of COVID-19 without serious acknowledgement of the

many harms — and deaths — likely being caused by our prolonged isolation from work, school, families, and recreational activities.

“On top of our COVID-19 pandemic, there is a mental health pandemic occurring and we’re not recognizing that and not funding in proportion to the destruction that mental health problems are creating,” Sherry said in an interview Monday.



“In terms of my particular practice, I have seen more suicide behaviour in the last three months than I would have observed in the last five years, and that is particularly concerning. At the same time, it’s not especially surprising.”

Sherry said factors like unemployment and underemployment are important and “robust” predictors of suicide behaviour. After observing the massive spike in his own practice, he decided to run his own simulation based on current rates of unemployment/underemployment, noting there’s an established body of research suggesting that as these rates rise, so do the number of suicides.

Sherry’s modelling predicts the province will experience an “unprecedented loss of life” from death by suicide in 2020. He estimates that death by suicide could increase in Nova Scotia by as much as 62.8%.

“I should point out that a similar trend was observed in 2009 in our province during what is called the Great Recession, where we saw a more than 40% increase in death by suicide during that period of recession,” he said.

“My estimates indicate that we’ll have our greatest number of deaths by suicide ever in our province, and that that number will land somewhere between 141 and 223 Nova Scotians who would die by suicide.”

Considering the number of deaths by suicide over the last four years, Sherry said the high end of his estimate would result in 86 excess deaths by suicide based solely on the economic downturn caused by the pandemic. His model suggests suicide rates will rise from 15/100,000 people in 2018 to an estimated 23/100,000 people in 2020.

“It’s relevant to underline the fact I only used underemployment or unemployment as a predictor, because there are other robust factors that influence an increase in suicide, such as social isolation, or depression, or alcohol misuse,” he said. “My model does not factor in those additional contributors to death by suicide.”

Need for ‘excess deaths’ data

Sherry said while various regions around the world are keeping track of all-cause mortality data, Canada has lagged behind. Regularly updated ‘excess deaths’ data from the Centers for Disease Control (CDC) in the US, for example, suggest that tens of thousands of Americans who did not contract COVID-19 may have died there as an indirect result of the pandemic.

Based on vital statistics, the number of excess deaths is derived by taking the difference between observed numbers of deaths and expected numbers. Those death counts are then compared with historical trends to determine if the number is significantly higher than expected.

“There are various European countries that release their mortality data weekly and if you go to those excess death websites, you’ll see that there are many countries within the world that are more efficiently tracking all-cause mortality,” Sherry said.

“To be clear, Canada, at a rate much faster than it typically does, did release all-cause mortality data up until the end of March. But they have yet to release the data most relevant to the pandemic period and the associated lockdown.”

In an email Monday, the Halifax Examiner asked the Department of Health and Wellness to provide information about how or if they’re tracking deaths indirectly caused by COVID-19, including suicides, heart attacks, and strokes. We also asked if the province isn’t doing this, why not? In addition, we asked that if this data is being collected, who’s responsible for collecting it and when and where will it be shared publicly?

On Tuesday a spokesperson emailed a response from the Department of Health and Wellness, citing the same January 2019 to March 2020 Statistics Canada data Sherry indicated was not most relevant to the pandemic period and lockdown which began mid-March.

“Statistics Canada has provided this data from January – March here: https://www150.statcan.gc.ca/n1/daily-quotidien/200513/dq200513d-eng.htm,” the single sentence emailed statement from the province noted.

COVID-19 tunnel vision

Sherry said his “broader impetus” for reaching out to media and sharing his model predicting a significant increase in deaths by suicide was because he believes the province is suffering from a form of “tunnel vision” around COVID-19. He said amid the panic and anxiety, we’ve become too narrow in our focus on preventing death from the virus.

“I think what’s emerged is a deceptively simple narrative whereby we’re being told that we are in a safe place and that we should slowly and cautiously emerge from that safe place,” he said.

Simon Sherry. Photo: Bruce Bottomley / Dalhousie University

“I think if you take a wider perspective, it’s important to recognize that there are many forms of human health being compromised for our COVID-19 mitigation efforts, and I think it’s important to recognize that reducing COVID-19 infections and deaths cannot be our one and only aim.”

Asked if there is any jurisdiction he believes we should emulate, Sherry paused before saying it’s a difficult question because he’s observed this tunnel vision in so many regions and countries. He did point to the province of Quebec as showing what he calls the more “agile and urgent and flexible attitudes and behaviours” that he believes are required when emerging from the current pandemic.

“That’s a sharp contrast from the prevailing narrative. Go slow. We’re safe. Be cautious. And there is absolutely an enormous risk that needs to be recognized in emerging from a pandemic. We’ve applied quarantine measures to our population in order to keep them safe,” Sherry said.

“However, we now need to move forward with our lives with the vast majority of people who have been shielded from COVID-19. So in a sense we are beginning anew. And as we start anew, I want us to acknowledge that our COVID-19 mitigation efforts have been very costly, and as we move forward we cannot continue to discount psychosocial determinants of health.”

Weighted risk

The province of Quebec comprises about 22% of Canada's population, but has more than 60% of the country's COVID-19 deaths. More than 80% of those deaths occurred in long term care or seniors' residences. The situation has been so deadly that on Tuesday the province's ombudsperson Marie Rinfret announced she was launching an independent investigation into the handling of the crisis.

Despite being the province hardest hit with COVID-19 cases, Quebec also has the most aggressive reopening plans. In an April 28 government update, the province's director of Public Health, Dr. Horacio Arruda stated:

> "This is a weighted risk and we will monitor it. There will be an increase in contagion and there will be fatalities. We will backtrack if we think we're moving too quickly."

A Washington Post article published on Saturday cited Benoît Mâsse, a professor of public health at the University of Montreal, who expressed concerns that his province was starting to open "a bit early" and they should wait.

While Sherry acknowledges he holds a "minority view," he said if we look more broadly at COVID-19's impacts on mental health, domestic violence, delayed surgeries, sedentary behaviour, and other issues, we should be compelled to move more quickly.

"If you subject the population and its children to significant adversity early in life, there are associated lifelong problems in terms of health and in terms of socializing that can emerge," he said.

"We can't have COVID-19 tunnel vision and neglect the longer term downstream consequences for human health. And I think as difficult as this is to suggest, we need to cultivate a much greater tolerance for an acceptance of infection by and death from COVID-19."

Rock and a hard place reality

Sherry said he recognizes that Nova Scotians face a ‘rock and a hard place’ reality because protecting one segment of the population from harm exposes another “even larger” segment to harm.

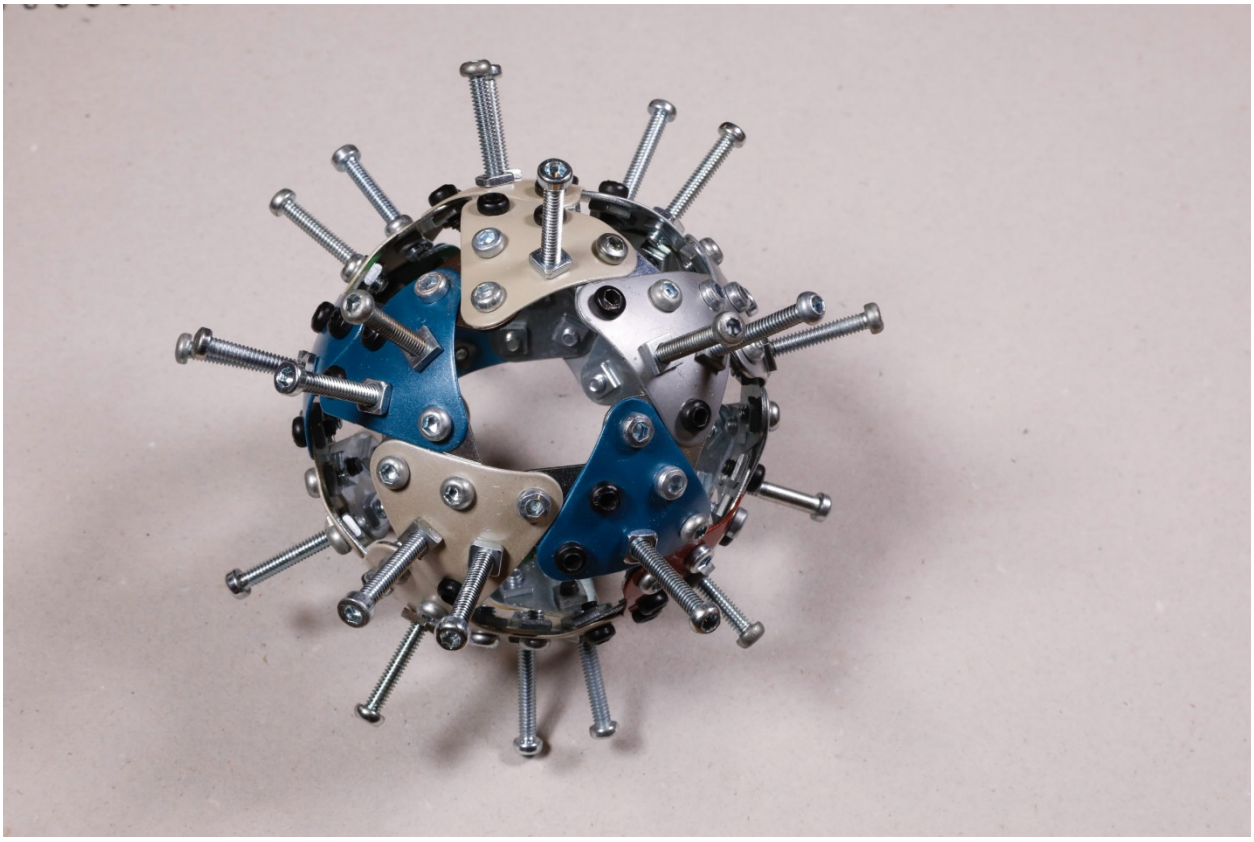


Photo by Georg Eiermann on Unsplash

“Solving one problem is creating another, and so what I’m asking people to do is to conduct a cost benefit analysis. At present, we’ve examined the benefits of our COVID-19 mitigation strategies, and we’ve ignored the costs of our COVID-19 mitigation strategies,” he said.

“Any analysis that’s all benefit and no cost is a poor analysis. What’s happening right now is we’re doing triage at a population wide level, and in doing so we’re emphasizing COVID-19 and discounting psychosocial determinants of health and we’re discounting things like mental health.”

In addition to the release of current all-cause mortality data, Sherry believes we need to simulate the psychosocial consequences of our COVID-19 mitigation strategies.

“Let’s take a look at how many years of life we estimate will be lost through the adoption of these strategies like canceling schools, closing workplaces, canceling large scale public

events, and the like," he said. "Why are we just selectively and arbitrarily attending to only one public health consideration?"

Sherry said the suite of interventions prescribed to Nova Scotians were all about containment and closure, and a review of available scientific literature on the safety and effectiveness of those interventions shows a lack of high quality data and points to very little research. He believes this is something Nova Scotians must seriously consider, particularly if we're going to experience additional waves of the virus and the likelihood of future pandemics.

"It's not like we're prescribing to our population a very well studied and well characterized set of interventions wherein we understand the side effects associated with these interventions. In large part, we are administering these interventions based on theory and learning about their consequences after the fact," he said.

"In the face of a poorly understood, largely unknown virus with a seemingly high potential to kill invisibly, the application of these stringent measures to all Nova Scotians made sense. But now, three to four months into this and starting to get a sense of some of the potential associated harms, we now need to move with greater agility, flexibility, and urgency to alleviate the suffering associated with these measures."

The Provincial Mental Health Crisis Line is available 24/7 for anyone experiencing a mental health crisis or someone concerned about them. Call (toll-free) 1-888-429-8167.

Anyone wishing to self-refer to the NSHA's Community Mental Health and Addictions clinics, Withdrawal Management Services, or Opioid Replacement and Treatment Program can call (toll-free) 1-855-922-1122, weekdays 8:30 to 4:30. The line has voicemail only evenings, weekends, and statutory holidays.

Access to supports are also available through NSHA's online mental health services page.