

Did the COVID-19 pandemic cause the predicted “tsunami” of mental health crises?

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In the early months of the COVID-19 pandemic, the intensity of lockdowns and physical distancing created fear of a new wave: one of unprecedented mental health crises. The picture of mental health certainly seemed dire back then: One study predicted mass waves of suicide in Canada because of higher unemployment rates. Many worried that the pandemic would cause a marked increase in mental health struggles.

However, two years later, Canada and other countries seem to have avoided being overwhelmed by psychological consequences of the pandemic.

Canada’s official suicide statistics show that deaths by suicide dropped by 15% in 2020, from 4526 deaths in 2019 to 3838 deaths in 2020. British Columbia, Alberta, Saskatchewan and Nova Scotia reported marked decreases in suicide rates in 2020. And statistics from Ontario show that mental health service utilization decreased.

A population-based cohort study published in *JAMA Network Open* looked at emergency department presentations for young Ontarians between 14 and 24 years old and found there was a decline in emergency department visits for both self-harm and accidental overdose in the first 15 months of the pandemic, compared to 2018 and 2019.

“It isn’t surprising, it’s just counter to the moral panic,” says Tyler Black, a Vancouver-based psychiatrist who specializes in suicidology.

“The collective feeling within society was that things were going to get worse. So every bit of data we heard reinforced that.”

Black says stories from 2020 — such as reports of an uptick in suicide-related

calls to crisis lines — need to be viewed as part of the “full picture.”

“Suicide calls went up and suicides went down 15%. Isn’t that precisely what suicide hotlines are supposed to do? You can see the framing once you get the complete picture of the data. It turns out that’s the best story in the world. We want suicide lines to get more calls, and we want suicides to drop in Canada.”

Canada isn’t the only country that hasn’t seen an increase in deaths by suicide. In a systematic review of 21 countries (16 high-income and five upper-middle-income countries), researchers found there was no evidence of a significant increase in the risk of suicide death since the pandemic began.

“Suicide rates remained much the same, or lower than they were prior to the pandemic in Canada,” says Steve Kisely, a professor at the University of Queensland and adjunct professor in psychiatry, community health, and epidemiology at Dalhousie University, at a recent conference.

“Other high-income countries in Europe, New Zealand, Japan, South Korea, the United States, and even upper-middle-income countries, like Brazil, which have suffered particularly badly with the pandemic, the suicide rates didn’t go down, but neither did they go up.”

Kisely also described research from Western Australia that showed mental health presentations to the emergency department had “an unexpected decrease” compared to 2019.

Presentations for suicidal and self-harm behaviour decreased by 26%, while presentations for hallucination and situational crisis also decreased. The only exceptions were presentations for anxiety

and panic symptoms, and social and behavioural issues, which increased by 11.1% and 6.5%, respectively.

However, the authors also note it is unlikely that a decrease in emergency department presentations reflects a lowered prevalence of mental illness.

“In the first months of this pandemic, we effectively told people that they shouldn’t leave their homes,” says David Gratzner, a psychiatrist at the Centre for Addiction and Mental Health (CAMH). Gratzner notes there is now a significant uptick in volume in the emergency department at CAMH.

“Rather than saying, ‘People didn’t have a difficult time during those first months, especially those people with major mental health disorders,’ I think they were doing anything and everything to avoid coming to the emergency department.”

No increase in suicides, but what about mental well-being?

In a systematic review of 65 studies conducted in many countries, researchers noted an overall small increase in mental health symptoms in March and April 2020. But by mid-2020, this declined and became non-significant, comparable to pre-pandemic levels. A study from New York state showed an initial increase in depression and anxiety symptoms, which also decreased later. A longitudinal study from Ireland found that more people screened positive for possible major depression in 2019 than during the beginning of the pandemic.

Some mental health centres say they’ve seen an increase in demand for counselling services during the pandemic. Maria Watson, a registered clinical counsellor who manages low-barrier services at

the Canadian Mental Health Association (CMHA) in North and West Vancouver, says their waitlists for community counselling have doubled.

“You can look at [counselling] as a preventative measure. Accessing counselling doesn’t always mean people are worse off,” says Watson. “We have people who put themselves on our waitlist. They come in for whatever they want to get support around, and we connect them with the community.”

Margaret Eaton, the national CEO of the CMHA, says the “phones have been ringing off the hook” with people requesting counselling, psychotherapy and virtual support.

Children have been affected differently

Early studies published on mental health were mainly cross-sectional surveys asking how children and adolescents felt. Many studies suggested stress levels, depressive symptoms and anxiety symptoms had increased in this population.

“But of course, a cross-sectional survey can’t tell you anything about cause or direction because it’s just a slice in time,” says Black.

Black says it wasn’t until the end of 2021 that high-quality data on mental well-being started becoming available. For instance, Statistics Canada surveys adolescents every few months on their feelings. Throughout the pandemic, the majority of

Canadian adolescents have reported that their mental health has felt better or the same. Those who felt that their mental health had worsened have always been in the minority, compared to those who felt the same or better, says Black.

Other countries have seen similar results. A study of Spanish elementary school-age children also found reduced anxiety levels. One study looking at 17 000 children in the UK found 33% reported improved mental well-being during the first national lockdown. A longitudinal study from the Netherlands looking at children with pre-existing mental health problems before and during the pandemic found that “the majority of the participating adolescents reported having emotional and behavioral symptoms that were within the normal range.” The authors write that “the effects of the COVID-19 pandemic may not necessarily be detrimental,” and that this contrasted with their original hypothesis.

Black says future research will likely reveal more facets of who fared better or worse during lockdowns. Introverted children, or those who are bullied, for example, would likely be happier to stay home for school.

“Extroverts who are very athletic probably did a lot worse during lockdown. Introverts probably did a lot better,” Black says. “The nuance will start shaping out, but it’s almost certainly not a tsunami.”

One area that has seen increasing rates is eating disorders. Girls have been more affected, with more girls being admitted for nonsuicidal self-harm and suicide presentations than boys.

“I’m relieved that there hasn’t been a significant uptick [in suicides]. But I also believe that the mental health sequelae of the pandemic will be pronounced and it will take us longer to address perhaps than the physical health concerns,” says Gratzler. “We’ll be dealing with people’s mental health problems, because of COVID-19, long after the last person is discharged from an ICU.”

If you or someone you know is currently in crisis, here are some resources that can help:

Canada Suicide Prevention Helpline/Crisis Services Canada: 1-833-456-4566 (in Quebec: 1-866-277-3553) or text 45645

Kids Help Phone: 1-800-668-6868 or text CONNECT to 686868

If you need immediate assistance, call 911 or go to the nearest hospital.

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