"[Kids need to play]": Talking about the pandemic and kids' mental health with suicidologist Tyler Black

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Transcribed by Julie-Ann Lee

(New theme song – jazzy synth-pop music)

Anne: Welcome to the Noncompliant podcast. I'm your host, Anne Borden King. My guest today is suicidologist, Dr. Tyler Black. Dr. Black is a Child and Adolescent Psychiatrist and the Medical Director of the Child and Adolescent Psychiatric Emergency Department at B.C. Children's Hospital in Vancouver.

And, one of the really amazing things about him, in addition to his expertise is that he is always willing to speak up for kids, even when some people don't like what he has to say--and he's been doing so throughout the pandemic.

Tyler and I are going to discuss the pandemic, suicide rates during the pandemic, schools and mental health, and what we can all learn from the past eighteen months as we look ahead to the future. Tyler, welcome to the podcast.

Tyler: Thank you so much for having me. I know this was a long time in the making. I'm excited to join.

Anne: Right! Let's start with some basic definitions. First, what is a suicidologist?

Tyler: Well, it's technically the name for anyone who studies suicide but, people often…the commonest thing [I hear] is, 'you're a suicidologist, that's a thing?' and I always want to point out that suicide is a leading cause of death…one of the top leading causes of death in the first four decades of life. And so, for anyone who's a physician, or researcher, or health person, or epidemiologist, and you care about things that kill people, suicide ranks very high on those things. So it's really just developing the expertise and knowing the research on the *true* things about suicide and trying to work to dispel some of the myths.

Anne: Right, and that's something that you've been doing a lot, maybe especially lately, since the pandemic began. You've been speaking to the press about suicide rates during the pandemic, and I'd like to talk a bit about that.

So going back, at the start of the pandemic, there was a lot of concern and even predictions that closures of indoor activities and group gatherings--or what's commonly called *lockdown*--that lockdown would lead to higher rates of suicide in Canada. What was your perspective on that prediction at the time, going back to early 2020?

Tyler: It was frustrating to see. I mean, I understand it in some way, because everyone was very stressed out by the pandemic and I don't fault people for having that kind of straight line connection between 'there's more stress, therefore there'll be more suicides,' but it was frustrating to see it come out with people who were seen as health experts, and it almost became a truism before it was even investigated, and so I was seeing these discussions as if it *had already happened* in early April and May of 2020. We didn't have any suicide data at that point.

And the challenge was [people were] always making these really simple connections: 'The unemployment rate is skying, therefore suicide rates will increase,' or 'people are reporting that they're in more distress, therefore an increase in suicide rates,' and my biggest concern at that time, and actually I – in the *Toronto Star*, I was interviewed along with **Stan Kutcher** who's a senator and a former supervisor of mine – he's a psychiatrist as well and we were like, hold on, we actually don't know what's going to happen with suicide rates. We're very bad at predicting the next year's suicide rate. I have no idea what 2021's suicide rate will show and certainly at the first few months of 2020 I didn't know what the suicide rate would show.

And there were lots of reasons to think that [the suicide rate] might not change or go down. There's a phenomena called the **pull together effect** where people kind of rally together and support each other during a time of crisis. We see this during times of war or floods or famines, and we actually see suicide rates decrease. And I also thought, well this is a little different, because it seems like the government is taking it very seriously… in Canada, providing a lot of protections so that [people] don't financially suffer, even though there's more unemployment. I saw it as very nuanced, and I was seeing this just like 'fait accompli, it's done, 2020 is going to be the worst year for suicides ever,' and it was just very frustrating to see.

Anne: Do you think that, aside from the simplistic thinking that you just outlined, do you think there were any other cognitive biases that led people to think that suicide would…like, seem to *know* that suicide would rise?

Tyler: Yeah, I think there are a few a play. So, one of them was that we get a lot of our information about health stuff from the United States here in Canada, and we often draw connections, even though they're not there. For example, in the United States for the past 18 years there's been a steady increase in the suicide rate, and there was this kind of bleeding of that information into 'therefore the suicide rate will continue to increase and even more so because of the pandemic'. But of course it's a **logical fallacy** of begging the question--because actually in 2019, before the pandemic started (we just didn't know this in 2020) the suicide rates in the United States came down a touch – about 0.8 or 1 percent, so a lot of people were even basing that off of something that was wrong.

There's that sort of simplistic connection and then unfortunately there's a media bias. it's colloquially called 'if it bleeds it leads'. Anything that reports on a dire outcome or a bad prediction or things getting worse is gonna get more play than, 'hey, this isn't that bad'. So, I saw that. The frustrating thing that I saw coming out of health organizations or even media institutions was just simply comparing 2019's rate to 2020 rate. So, I saw a lot of like 'here's what *March 2019* looked like and here's what *March 2020* looks like for suicides.' For someone who studies suicide so much--and I work with governments and Coroner Review panels and like, I *do* this work--I know that that number goes up and down every single year.

Anne: Mm-hmm.

Tyler: It's a highly variable number. When you're looking nationally, the variability gets low, but if you look at a city or a county or even a province, you're going to see variability. A lot of errors were made very early on. … I *never* expected as a suicidologist to be part of battling misinformation. I've always worked to correct myths because I find myths very harmful to people with mental illness. I find them very hard for people who have survived suicide attempts or suicidal thinking. I've always considered the myths to be dangerous to those people, but I never expected that suicide [mis]information would be used for example by Donald Trump to justify ending lockdowns.

Anne: Mm-hmm.

Tyler: And to take suicide and put it on such a national scale with misinformation, that's when I really felt compelled to work really hard to get my messages out there in the media.

Anne: Wow, well…and so now we have some data too, and after all of that misinformation that was coming out, and sometimes dis-information that you just mentioned with Trump. Now, we have some data and we see that the rates of suicide did not rise in Canada during the closures. In fact, in 2020, the first year of the pandemic, suicide rates went down by 34 percent from the previous year, and it was the lowest suicide mortality rate in Canada in more than a decade according to a study published in a journal of the *Royal Society of Medicine.* Then among middle- to high-income countries we have some global data – a meta analysis published in April 2021 in the *Lancet* which looked at 21 countries in the early months of the pandemic with no evidence of heightened suicide rates and with drops in the suicide rate in 9 regions among the 21 countries.

Tyler: Mm-hmm.

Anne: What factors do you think led to this outcome?

Tyler: I'm always in the position of trying to interpret what large national datasets tell us. And there's a few things that the data looks like it's showing us when I can access more than simply the high level number, and I'll give an example. In America, the rate came down by 5.6 percent overall, or maybe it's 4 percent or something – I'm just blanking right now. But, if I look at white Americans, it goes down by about 6 percent and if I look at non-white Americans it goes

up by 2 to 3 percent. Now, the 2 to 3 percent isn't different than the variance, so I think the take home message is something happened in which white people had a very significant drop in America in their suicide rates, but *not* non-white people in the United States. And so, every time I look at the more granular data, a few themes emerge.

The first is that when people had **economic security**, they were very protected from suicide, in fact, generally developed a decrease in suicide rates.

When things were a little bit more uncertain, I think especially, I won't be surprised to see things like people with severe mental illness, people who are already **on the margins** of society, people who are racialized and minoritized actually had an increase in suicide rates. I wouldn't be surprised to see that – that looks to be like a relatively consistent thing. Sometimes even those top line numbers belie that. Now, in Canada there's a huge drop, 34 percent. To put that into perspective, we're used to seeing 8 percent drops or 8 percent increases or 3 percent up, 3 percent down. 34 percent is so large, it makes me wonder, you know, what's going on here?

For me to put that into a context is very hard, except the government did support a lot of people during the pandemic. That's what I kind of come to, and Canadians were way out there in supporting each other. There were 7 o'clock applause [events] and lots of efforts. But, I do think that some of those top line numbers are going to hide groups that struggled, and the downside of suicide data is it takes a long time to collect it. Suicide occurs generally at a rate of about 10 per 100,000 per year, so you need a lot of people over some period of time to detect rate changes. And so, I think when we look at smaller populations, and subset populations, we'll start seeing some data showing that people who struggled, struggled worse. And people who had a little more protection and privilege probably struggled less.

Anne: Mm-hmm. That would be the case with CERB as well because CERB obviously was great for people that had certain types of jobs and certain types of income and then particularly I'm thinking of people who are on disability didn't benefit from CERB at all.

Tyler: …The decision of the government was that this is what people need to live and yet people with disability have been living on less for longer. I don't understand the line of thinking why disability payments didn't, just [say] 'okay, I guess that's what our disability payments should be set at.'

Anne: Hmm.

Tyler: But, certainly, it was almost a slap in the face to people on disability payment that someone who's working gets *so much more* than someone who has disability.

Anne: Yeah, I think there was one, possibly two of these tiny little one time checks that were sent to people on disability and otherwise there was no support.

Tyler: And of course, health care access changed quite a bit, and people in more service positions, and more sort of human labour positions did not see a reduction in their work. In fact, if you looked at the number[s], it would be very disproportionately people in majority positions – wealthier people and whiter people--who didn't have to work during the pandemic and got support. I think there was a big, disproportionate amount of people who were not white and who not only *didn't get support payments*, but *had to work* during the pandemic. So, we'll see.

Canada's number is so low, I suspect every group saw a decrease, but Canada's number is also so low that I want confirmation of that study. I would love to see the StatsCan official release on 2020 before I really put a red circle around that number and say it was down by 34.2 percent, because it is so low it makes me wonder is there one province that's been delayed in reporting, because that number is really low. That would be a phenomenal decrease in suicide rates. It would lead the world in the decrease of suicide rates.

Anne: I'm glad you mentioned what you said about essential workers. And it even continued beyond CERB and supports in the sense that essential workers had to continue working but they were not prioritized, at least not in my province. Essential workers were not prioritized for the vaccine! The vaccine rollout in Ontario was based on the number of people that reported having COVID in a certain area or a certain neighbourhood and there were some token efforts to target certain neighbourhoods.

But essential workers kept going to their jobs and had to end up using Vaccine Hunters to try to find vaccines for themselves, and I mean, that's a very demoralizing experience for people that had been providing this essential work for so long.

Tyler: Absolutely, I think it would be … it's very tough, you know, Canadians often sit back and they crow about universal access to health care and sort of our more socially-advanced policies, compared to say the United States, but we have so many holes in what we do.

I think British Columbia did a much better job. They got vaccines into the hands of First Nations authorities and basically said, 'we're going to prioritize this group,' but in terms of essential workers, ah, that definition did not include your Uber drivers, or your restaurant employees and all the service industry people who, when we were locked down, we would go drive and pick up our groceries or go get our gas or get our deliveries, and it was *on the backs* of a whole bunch of people who were still working and were not determined 'essential workers'. I was very frustrated to see some physicians who were first in line because it was appropriately determined that health care providers should get vaccinated, because we are exposed to the most vulnerable and we need to be working as quickly as possible and yet health care providers – a lot, especially in primary care-- dragged their feet quite a bit into getting back into offices,

and the whole point of getting vaccinated was to support people with illness, and to be protected.

[15:31]

Anne: Mmm.

Tyler: In some ways, I wonder if it wouldn't have been better to vaccinate some of the essential workers that were more like the Uber drivers and the store employees versus even some primary care doctors who got their vaccine very early and then stayed home for the rest of 2020.

Anne: Mm-hmm.

Tyler: And there was a recent letter here in B.C. by our College reminding family physicians, and all physicians in B.C. 'you're supposed to be seeing patients when it's necessary'…

Anne: Right.

Tyler: … 'that's why we vaccinated you.'

Anne: I wanted to talk about school closures and that is, you've been talking about it quite a bit because throughout Canada (we're talking before vaccines) when transmission rates would reach a certain point, provinces would close in-person learning and move to online learning to help reduce community transmission. There was a lot of pushback. I mean to many people obviously it made sense… to most people it made sense. But there was also very loud pushback… getting back to your idea of 'if it bleeds, it leads', that minority really got a lot of press and a lot of play in terms of talking about how from their view, school closures would do more harm to students mental health than… COVID would do.

You wrote an Op-Ed in the *Star* about this topic and I'd love you to summarize what some of your points were around that.

Tyler: Yeah…this is really when I kind of decided this is it, I'm going all in. I've never written Op-Eds [but] I solicited a bunch of Op-Eds. I've never done that before but I was so frustrated by that tone. So, my position in the Op-Ed and one of the reasons that I'm very proud of that Op-Ed is that it's now the end of 2021 and the only thing that I would change about that Op-Ed was the numbers of people who had died by COVID, that's it.

What I wanted to do was inject some nuance. Prior to the pandemic starting, it is undeniable for anyone who works with kids, anyone who works with kids who have psychiatric challenges, or even social challenges, or any sort of challenge in life, that school is more stressful than not going to school. We see our emergency departments get more busy.

The unit that I work on, which is a tertiary emergency unit for psychiatry for kids, we get far busier during school days. From the suicide perspective, a child in the United States is 50

percent more likely to die by suicide on a school day versus a non-school day. And so, prior to the pandemic starting we had this prior bit of knowledge that school is really stressful for kids. School is hard.

And then you add the clinical knowledge. If you've ever talked to a child, if you've ever interacted with a child, they will list school as one of their major stresses and it could be the social aspect, it could be the academic aspect, it could be the timing getting up, it could be the parental expectations, whatever it is. School ranks very high on kids' stress.

And so, this idea that removing kids from school would be harmful and that returning them would restore their mental health gave me a lot of pause. I was actually quite worried about this. If we send people back to something that we know causes them stress during a stressful time, we could actually expect the opposite effect, we could expect a piling on of stress.

I work with a lot of kids with anxiety disorders, neurodiversity, depression. A lot of the kids I was talking to were thriving during lockdown times. They were doing so much better. Online education was working for them, they had less social expectations, they were – you know, kids are very online, so they were still very socially connected and many were doing better.

Now some were legitimately doing worse, and I would say, in my view it was like 50/50 whether or not they would say it was helping them or not, but my big worry was if we push them back to school and then they're in this climate where everybody feels unsafe and it's opening and closing, opening and closing, this might actually *not* help their mental health. And, it was always being touted as if, well, 'we need to get kids back in school to help their mental health'.

Anne: Mm-hmm.

Tyler: And I just…it was a very frustrating position to be in and the part that I keep going back to is likely **the best way to protect our kids' mental health is to have less people dying by COVID**.

Anne: Mm-hmm.

Tyler: There's now a report out that… a large international survey and again, I think it was published in *Lancet* as well, that 1.5 million kids in the world have lost a caregiver due to COVID. That has far more health implications and mental health implications on whether or not they went to school in 2020.

And, then, clinically when I work with kids and they're struggling with anything, it could be anything from cancer to major depressive episode, my first pull, my first non-pharmacological non-doctor-y intervention that I do is find out how stressful school is for them and offer, "let's get you out of school if that's too hard for you right now. Let's focus on your health and well-being."

I really wanted that message to be out there that we could also prioritize our health, teach our

kids how important it is to protect each other and recognize that kids can catch up to missed time. If we put in the effort, kids naturally pick up, kids don't just languish. Kids pick up and they learn and there would not be these hard health outcomes from having a school shut down a little bit too long if it actually helped protect from the virus. And, of course what we know now, is that third wave, fourth wave – kids were *driving* a lot of the virus.

Anne: Mm-hmm.

Tyler: So I do think that many jurisdictions felt the pressure to return to school a little bit too much based off mental health. We are starting to see these troubling statistics where it wasn't the lockdown phase, but actually the phase were kids were *returning* to school that we started to see a lot more increase in kids' suicide attempts or things like that. I'm not particularly surprised by that outcome, I think if you add school to a stressful time, you're going to get more distress.

Anne: I think there's sort of a taboo, certainly there was during the pandemic, like a *taboo-on-steroids* of talking about [how] in person learning could be a problematic or oppressive environment for some kids. It was really seen like, as you said in your headline, a mental health panacea for kids and there's a whole host of cognitive bias reasons why people wanted kids to go back to school *and didn't all have to do with kids' mental health*. Kids in their desks meant workers in their desks and etcetera!

Now people are coming back to school right, and there were school walkouts in the U.S. just last week and it was on the issue of racism and bigotry in schools. Across America, kids were walking out about it, and to raise awareness that racism is a serious source of stress for [BIPOC] students and of course it can have really heartbreaking results as well.

The most recent high profile case was **Isabella Tichenor** who was the little 9 year old girl in Utah. She was Black and she was autistic and she took her life. Of course, the U.S. Accountability Office just issued this report that 5.2 million students between 12 and 18 years of age were bullied in the 2018-2019 school year, and one in four of them experienced bullying related to their race, national origin, religion, disability, gender or sexual orientation.

So, now the kids are going back to school, and I guess my question for you is how can we begin to make visible the fact that re-opening the schools is not going to solve the mental health crisis of our students? That actually we need to intervene in the schools to deal with a lot of the mental health issues that kids are facing?

Tyler: It's such a great question. There's mandatory schooling, which means that most children have to go to school and we know about 97 or 98 percent of kids do go to school and [schools are] responsible for these kids from the time they arrive to the time they leave.

Everybody started to take bullying very seriously after …a prominent report of a child dying after being bullied – but of course bullying hasn't really changed that much in 20 or 30 years. Bullying is typically a middle school activity. It extends into high school, but often by that point kids clique off and it's less prevalent. The bullying rates haven't changed that much and bullying is not super responsible for a majority of suicides that occur. A lot of the… like when we look at kids who die by suicide and school as a risk factor, it comes down to academic pressures and family pressures, absolutely discrimination and unfair systemic set ups. It comes to kids who are struggling with something and they are forced to do the normative thing.

You have a child with a learning disorder who has a hard time reading, and instead of 'let's figure out a way to deliver them education without giving them a tonne of stress' it's just watch them fail. These are ongoing problems.

I want it to be super common knowledge that **kids are more likely to die of suicide during school days**. I want that to be the commonest knowledge out there, because as soon as schools recognize that they contribute to children dying of suicide, and I don't mean to blame them, but I also kind of do mean to blame them. Like, it's… I don't hold anyone responsible specifically but I do hold the system responsible for setting up this thing where learning should be fun, learning should be interesting, learning should be – it doesn't need to be a full time job. We don't need to pile our kids with homework. If a kid is struggling, it's okay to take a mental health day.

It is evidence based, suicide-reduction that like that there is actually evidence showing this reduces child suicide thinking to allow children to… sorry not 'to allow children', but to take away perfect attendance policies in schools – this idea that you have to attend every day. In fact, we don't do that in the rest of our life, and it's very normal for us to decide 'I can't go in to work today, I'm not feeling well'.

Anne: Mm-hmm.

Tyler: So, there's so much more schools could do, and I don't know where the answer lies, but I do think it starts with the awareness that school is right next to family. I would put them like one-on-one, like they're not even one-on-two – family issues and school issues are big drivers of suicide risk in kids.

We care so much about bullying, we care so much about all the other factors, but schools have a large responsibility and I just wish they would take it seriously. I wish there would be a mental health curriculum. I wish instead of needing to learn certain facts that you can pick up lots of different ways, there is an entire year dedicated to 'what do you do if you're too stressed? What do you do when you see a friend who is stressed? What do you do when you see someone who's being bullied?' This could be an entire year's worth of curriculum delivered at an early age, but it's often like an assembly where some cheesy presenter comes and talks

about something. It's a side thought to school, but of course we want schools to create, functional, helpful, well, self-identified and adults and who enjoy their life and contribute to society the best way they can. We don't necessarily need them to know a whole bunch of facts.

So, it's a frustrating position. I'm not one who really looks at the research on individualized education and thinks that the conclusion is give everybody an individualized education. I do think that some things can be standardized, but, man, we need to give kids so many valves and exclusions and we need to make school funner and we need to really take what happens at school very seriously.

Anne: Yeah, I think that in the broader conversation, outside of the conversation that we're having, a lot of times people would focus on (and media was focussing on) kids 'falling behind academically', which I thought was such an amazing kind of thing to be focussed on *at the time of a pandemic,* that 'oh my God they might miss learning about Magellan' or something like that…

Tyler: Yes.

Anne: … when in reality there were a lot of opportunities amidst the horror and tragedy of the pandemic. There were a lot of opportunities to do things differently and I think some teachers really did. I don't know that many *districts* applied new ways of thinking. But, this was really an opportunity…kids were in their home, a different kind of environment – that's like a really good opportunity sometimes to talk about mental health and have new levels of comfort with dealing with the whole situation. And [to have] the pandemic itself and everything that goes along with it, really incorporated into the education process so kids could come out of it in as healthy of a way as possible.

I think now that [lockdowns have eased] I'm seeing a lot of talk about how employers are starting to make workplaces more flexible and giving people more opportunity to work part time from home. But, I'm not seeing, really anyone talking about a break from the daily grind for the *kids* who need a break…

[30:08]

Tyler: Yeah.

Anne: … So that would be something. Flexibility within schools would be a logical outcome of all of this, but I don't know how much that is really happening.

Tyler: It's unlikely that it's happening significantly. I think we need to move away from focusing on academics for sure. The academic burden is enormous. I have the pleasure, it's the funnest part of my job, I get to talk to kids every day of my life and 10-15 years ago when I was first starting and I was working with kids, I would hear about what they're learning, and I'm hearing

about what they are learning now and they're just – I mean it's great to know that kids are learning about such things at early ages, but I'm talking in grade 2 learning about the *chambers of the heart*. I mean I honestly didn't learn that till high school!

Anne: (laughter)

Tyler: I'm not kidding when I say it was high school when I learned about the atrium and ventricles. And I have kids telling me about the function of the left ventricle, that are less than 10. And, I think that's great…you know, every generation builds off the knowledge of the previous and all that type of stuff, but on the other hand I see these kids that are the same age they're grade 3, grade 4 and they have 2 hours of homework. And I keep wanting to say to the school and to the parents, it's not *that* important. School is not that important. Learning is not that important.

There's so many other things kids should be doing when they're home that aren't academics or achievements. Of course sports are great, but parents then make sports like, you got soccer camp, and then soccer drills, and then soccer practice, and then soccer games. Like, whatever happened to just *playing soccer*? Or playing or just exploring the world, or having family time? Instead, I'm seeing pressure for kids to *work* when they go to school and then *work* when they go home.

And **kids need to play**. It is an important function of childhood to have recreational fun. This is where kids with disabilities struggle so much because life at home is hard and life at school is hard and rarely do they get a break where they can just enjoy themselves. So, I see this all the time and I think it's going in the worse direction, and my biggest fear right now is now that we're returning to school, 'let's catch up all the kids'. Like, that's my biggest worry. You were telling me in Madison [Wisconsin], they were out for a year. This year did they say, 'now you have two years worth of work to do'? I hope not.

Anne: Probably not, yeah, but I'm sure they are in some places, yeah.

Tyler: My advice to schools would be welcome them back and ask them how they're doing and have fun activities and reconnect kids to their friends and teachers. That would be my only priority of this pandemic year. I wouldn't care about whether or not they learned about algebra. I wouldn't… like that would be second thoughts. I do think that schools overly focus on the academics of things.

Anne: Right, and this is a *transition* for kids. The whole period has been just full of so many transitions and the thing we always hear about kids is that they have trouble with transitions. Now, I would also add to that that I've certainly noticed a lot of *adults* having trouble with transitions and change during this pandemic. It kind of gets put onto the kids. But, it is true that transitions are really hard for everybody and we're all re-adjusting to this 'reopened' world now. Life is really, really different.

What do you think… what's your advice and maybe especially to parents working with their kids on transitioning to another new normal that we're going to now?

Tyler: I think there's a mixed blessing with kids. …We can convey to them our sense of distress without actually using words. I often use the expression, I'll censor it, but kids are amazing antennas but they are really crappy receivers. Like they have this incredible ability to pick up on the vibes around them, but very poor at interpreting what those vibes mean. I commonly work with kids who see parents fighting and assume that *they* are the problem or if they weren't around, things would be better for the family. I commonly see kids who see their teacher was strict with them or upset with them and they see that as 'the teacher hates me'.

I think it always starts with trying to find out from your child how they're doing--not listening and then applying your interpretation, but **listening and really trying to understand** what it is they're telling you. So if a child says 'I love going to school' it's like it's not just like, 'yeah, I want you to go to school' [but] 'What do you love about school? What's been going well for you? What do you enjoy the most?' I see so many parents overlay their expectations on those questions, so it's like when the kid says 'I love going to school,' they think, 'oh, my kid's so academically strong.' Well, it might be that they love their friends at school, or it might be that P.E. is their favourite activity.

The same when the child's home and if you see any signs of struggle, 'What's hard for you? How can I make that better?' And again, parents have this tendency to, if they see a problem, 'so-and-so is bullying me' they instantly provide the solution: 'here's what I'm gonna do about it.' But, they don't take that time to say, 'how can I be of service to you? What do you need from me?' A really young child might not be able to construct that, but a child of appropriate development…assuming normal development around puberty to fully tell you what they want. They can fully tell you what they think would be helpful, and yet I still seeing parents overlaying that.

Everybody is going to treat transitions differently. Some kids will just rocket and they'll be whatever, okay great, and other kids will really struggle. But I always think that the best sort of form of helping your kids adapt is to show that, as parents and adults in children's lives we are of service to our children, which means that we don't necessarily have to *tell them* what to do, but we can certainly *help them* achieve their goals. And, if they want to try something, we're there to help facilitate it.

…I would encourage parents to resist assuming that if a child seems to be transitioning well, they are. It could be that they're not, they're just really good at covering up to make you feel better. Or if seeing them struggle [assuming] that you understand why they're struggling. So, 'oh, they've returned to school and things are so much harder for them.' Well, maybe now Mom is more stressed because the child is going to school.

Anne: Yeah.

Tyler: Be humble about what you know about your kids and be very transparent with your kids. If you're worried, you don't have to [wonder] 'should I tell my child that I'm worried about this?' They know! Just help them understand it. I think those are the basics of what I encourage parents to do.

Anne: That's very, very interesting. Thank you. And then we can hope that the schools can be in partnership, along with all of what you've just said in terms of helping the kids make the transitions as well.

I have a final question. It's a big question, but we need to start thinking about it now: the next crisis. What do you think could be done better to protect mental health, and prevent suicide when we're faced with another crisis like we've experienced with the pandemic?

Tyler: I hope that we learned… I hope governments learned, and this is going to be one of our big advocacy pushes from this point forward…When governments spend during times of hardship, that's what governments are there to do. Governments often come down to trying to balance the books, but in fact, governments should *spend* during times of austerity and they should spend on people who need it the most. I hope that lesson is retained, because I do think if I were to point at one thing that I suspected prevented suicides in 2020 during this pandemic, it would probably be the level of support that individuals received. Now, governments were responsible for some of that, us as a society- we also really did rally to help each other. …

I get a little bit frustrated like campaigns like Bell Let's Talk , not because I don't think their heart's in the right place because it's so superficial to say let's just talk about this. I think we all need to **see ourselves as advocates for people who need us**, and when it comes to mental health challenges or mental health disabilities or neurodiversity, we need advocates out there changing the way society is set up for people who struggle. I hope that people can take this focus I've seen in this last year and a half on mental health – I've never seen mental health discussed more publicly and openly – how people can take that and recognize right now if you're someone who's struggling with a mental health problem, it is very hard to access care in Canada. It is not easy! And we need to do so much more as a society.

My hope is we can take these lessons and apply them going forward. If I were to try and to prevent suicide, I would not add more hospitals or more psychiatrists or more doctors. I would prevent child abuse, I would end sexual assault. I would… large societal things that we know are associated with huge risks of suicide.

I want mental health challenges to be treated very well and effectively, but I always feel as an Emergency Psychiatrist that I'm at the end of this waterfall catching people who are falling over, and their entire lives brought them there. They experience systemic discrimination, or sexual assault, or they were abused as a child, or their school abused them, or they were

incarcerated for drug use –whatever it was and then I'm helping them now that they're suicidal. That's not suicide prevention. Suicide prevention would be actually recognizing that suicide is a societal concern that requires societal fixes.

Anne: Thank you. Thank you so much for everything that you've had to say, and we really appreciate having you on the show.

Tyler: Thank you so much for having me.

Anne: Thank you so much.

(theme music - jazzy synth-pop)

Anne: I was just speaking with suicidologist, Dr. Tyler Black. He spoke to us from Vancouver.

You've been listening to Noncompliant, the podcast. I'm your host, Anne Borden King. Noncompliant is recorded at MCS Studios in Toronto. This session was engineered by Francois Heroux. Noncompliant is transcribed by Julie-Ann Lee. The podcast is available at NoncompliantPodcast.com and podcast streaming services. Thanks to our team and thanks for listening.