

## **Situational Approach to Suicide Prevention MHIRC. WSU ed Anthony Smith Bulletin no. 9**

Welcome to the ninth edition of our Situational Approach to Suicide Prevention Bulletin. We welcome feedback, and would of course be very happy to have a conversation with any people or organisations who are working in this vital area.

**The Situational Approach** - A new approach to suicide prevention: This approach acknowledges the predominant association of situational distress, rather than mental illness, with suicide (though in some cases the two are linked), and is principally informed by and responds to risk factors of a broad spectrum of difficult human experiences across the life span. This approach is also mindful of and wherever possible seeks to address: contextual, systemic, and socio-cultural risk and protective factors and determinants: the real world of individuals' lived experience.

The approach is being promoted by Mengage at MHIRC (WSU)

The Situational Approach Bulletin is published monthly on Mengage.

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### **Welcoming Ms. Christine Morgan as National Suicide Prevention Adviser**

We welcome Ms. Morgan to this new role: her track record shows that if anyone can rise to this task, it is her. Suicide rates are on the increase, among both women and men, but especially among men.

Ms. Morgan is quoted in the SMH (July 15<sup>th</sup>) as saying:

"We have to look further upstream, right away from the immediate suicide crisis. Are there things happening to people that we can work on that might stop them? Let's take ourselves



outside health and look at some of the other risk factors and see if by addressing those we get some change."

We in MHIRC really welcome these words. For a long time, we have been promoting such an approach and have run a drop in centre for people at risk of suicide in Western Sydney since 2004.

## Challenging the ADHD consensus

There are serious concerns about a number of aspects relating to the diagnosis of ADHD. These concerns come from researchers, medical practitioners and the general community particularly through parents.

### Challenging the ADHD consensus

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4823629/>

It is remarkable that researchers and practitioners from various professions so easily seem to accept the biomedical model of ADHD and perceive pharmacological solutions as appropriate. When complicated human conditions are presented as defined categories, and when questionnaires and diagnostic criteria are perceived as appropriate responses to human suffering, it is necessary to reflect on alternative models and interventions. Qualitative studies have the capacity to acknowledge complexities and paradoxes as well as contextual factors, and thereby challenge hegemonic systems of classification. Qualitative studies may also provide insight into the complex processes and experiences that underlie aberrant behaviors. We therefore look forward to alternative perspectives and critical investigations of the current hegemonic view on children who are perceived as restless, inattentive, and/or impulsive. You are welcome to submit your work to *International Journal of Qualitative Studies on Health and Well-being*.

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For the full article see -

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4823629/>



## It's not mental illness but despair

“It’s despair, not depression, that’s responsible for Indigenous suicide”

[http://johnmenadue.com/ian-webster-its-not-mental-illness-but-despair/?fbclid=IwAR03okQ1morK-h\\_Na1Mns5eXiSBecmO8-KNvUPVrNxBgajJiyytMrctIK7M](http://johnmenadue.com/ian-webster-its-not-mental-illness-but-despair/?fbclid=IwAR03okQ1morK-h_Na1Mns5eXiSBecmO8-KNvUPVrNxBgajJiyytMrctIK7M)

*Aboriginal and Torres Strait Islanders have got it right when they frame the conditions we label as mental illness as issues of social and emotional well-being. They do not consider the endemic problems in their communities, as mental illnesses.*

The Senate inquiry into rural and remote mental health, reached a similar conclusion: that suicide in Aboriginal and Torres Strait Islander communities is not mental illness, but despair. The evidence from frontline Aboriginal and Torres Strait Islander organisations was that there are many life-problems – individual and community, arising from the historical breakdown in culture, contributing to the high rates of suicide. (Senate, December, 2018)

**Our comment:** We fully agree with this approach. The only thing to add is that while this article is written about aboriginal suicide, the idea also fully applies to any / all other groups as The pathways to despair, which can lead to suicidal thinking and suicide attempts, can accumulate over a period of encountering adverse life situations (adverse childhood experience, school, addiction to drugs, relationship strain, work-environment, community life, separation etc). Perhaps most important is the *cumulative* effect of difficulties in several of these areas: when several of the factors are simultaneously involved, there is almost inevitably a greater degree of risk. A grasp of the broader context of acts of suicide and self-harm, the social determinants of suicide, is paramount for our understanding of these issues in order to draw up long-term strategies for promoting a public health approach to suicide prevention. **(Pathways to Despair: the social determinants of male suicide (aged 25-44), Central Coast, NSW. – A Study by MHIRC, Read the full article at:**

[https://www.westernsydney.edu.au/\\_data/assets/pdf\\_file/0015/217032/MHIRC\\_2.Pathways.pdf](https://www.westernsydney.edu.au/_data/assets/pdf_file/0015/217032/MHIRC_2.Pathways.pdf))

## PsychWatch Australia

### PsychWatch Australia

### Scrutinising Mental Health Policy + Practice

<https://www.psychwatchaustralia.com/>

A new Australian web site has been recently established (2019) with the purpose of critiquing policy and practice within the mental health sector. The site has already attracted enormous mainstream media both within Australia and internationally for a recent blog article



**1 in 8 (over 3 million) Australians are on antidepressants - Why is the Lucky Country so miserable?**

## **PsychWatch Australia - We are not Anti-Psychiatry,**

### **We are Anti-Bad Psychiatry**

Mental illness can be debilitating and in extreme cases psychiatric interventions can save lives. However psychiatric practice is highly variable with no guarantee that 'experts' will agree on the diagnosis and treatment of any given patient. This is understandable as the boundaries between mental illness and normality are fuzzy, and the safety and efficacy of many common treatments are far from certain. However when you combine this uncertainty with the often desperate desire of patients and their families to 'get better' you have a dangerous recipe for over-hyped but profitable promises of revolutionary treatments' and 'breakthrough diagnostic techniques'.

[https://www.psychwatchaustralia.com/?fbclid=IwAR0Po\\_bP6DDtA\\_7WhxyIh65YFwgMXUu8XIC4hVthV4UCtpzqVTGCAZW\\_Ry8](https://www.psychwatchaustralia.com/?fbclid=IwAR0Po_bP6DDtA_7WhxyIh65YFwgMXUu8XIC4hVthV4UCtpzqVTGCAZW_Ry8)

**Latest Blogs** - 8 May 2019 - [Drug companies secretly donate to political parties, while sharing in \\$12.7 Billion of our taxes via the PBS, and hiding product safety data behind a FOI law loophole.](#) As a result Australians pay far too much for medications that too often are unsafe or ineffective. This blog begins PWA's campaign to get whoever wins the 18 May election, to reform our inept Therapeutic Goods Administration (TGA) and FOI and Political Donation Disclosure laws. [Read more here.](#)

24 April 2019 - PWA revealed [1 in 8 \(over 3 million\) Australians were prescribed an antidepressant](#) from July 2017 and June 2018. What is driving this epidemic - real mental illness or a sick system? [Read more here.](#) Scroll down to see links to media articles

## **The Global 'Mental Health' Movement – Cause For Concern**

### **The Global 'Mental Health' Movement – Cause For Concern**

Dr. Melissa Raven questions the evidence base of the Global 'Mental Health' movement, pointing to statistical issues in the prevalence rates of mental disorders internationally, and calls for a focus on addressing barriers to health rather than on individualized treatment.

Click here for article **The Global 'Mental Health' Movement – Cause For Concern** and podcast

<https://www.madinamerica.com/2018/10/global-mental-health-movement/>

**You Can Help Publishing** *youcanhelp*  
**- Quality suicide prevention and mental health resources**

**You Can Help Publishing** is a publisher of high standard human service books and resources. We are careful to select themes and subjects that are of most importance and practical value for potential readers.

<https://www.youcanhelp.com.au/>

**Without compromising quality** we strive to produce low cost publications that are especially useful to organisations who have the capacity to buy in bulk, for wider distribution and to achieve a greater social impact.

*We aim to publish high quality books and other materials that can help:*

- People achieve emotional resilience, succeed in important relationships, cope with challenges and change, maintain good mental health, and have the capacity to live and work meaningfully, creatively, and passionately.
- People achieve the best physical health and wellness of which they are capable.
- Build the capacity of individuals, organisations, and communities to take informed action and pursue strategies aimed at enhancing human health, welfare and wellbeing.
- Inform health and human service professionals in their endeavour to achieve better outcomes for their patients, clients and constituents.

**In Our Words**

**In Our Words** is a series of articles written by clients from the Mt Druitt shed, a suicide prevention initiative in the west of Sydney

**“The Shed”, Mt Druitt**

***In Our Words: Charles***

3 years ago I was homeless, recently separated and in a very toxic relationship. I was still in recovery, had depression & anxiety. I was living in a caravan at that stage, and a bit before that I was in a car. I was disconnected because I had no family and for Aboriginals, that's disconnection. Anyway another koori guy used to come here (I don't see him around too much anymore) and he told me about The Shed. So, I came with him one day for a Wednesday lunch. And I just joined in. I didn't know anyone – I don't know anybody here, it's not my tribal area either. So I had a yarn with the workers and introduced myself.

