



Situational Approach to Suicide Prevention MHIRC. WSU
Prepared by Anthony Smith and edited by Shravankumar Guntuku

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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.

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COVID-19 and Mental Health CSI Response October 2020

The effect of unemployment on psychological distress and risk of suicide is well documented. In fact, unemployment is independently associated with a two-to-threefold increased relative risk of death by suicide compared to being employed.(7 Milner A, Page A, LaMontagne AD. Long-Term Unemployment and Suicide: A Systematic Review and Meta-Analysis. PloS one. 2013;8(1):e51333)

The International Monetary Fund has predicted the steepest economic downturn since the Great Depression (8), and in Australia we have already seen the economic effects come into play. Between March and May 2020, Australia experienced the steepest rise in rates of unemployment on record (from 5.2% in March to 7.1% in May).(8) In May 2020, 2.3 million Australians -or 1 in 5 employed people -were unemployed or had work hours reduced.(8)

Despite the established links between economic recessions and suicide, it remains unclear how this relationship plays out within the context of the broader sociocultural and

health events of COVID-19. Historical data gives us cause for concern, however; during the Global Financial Crisis of 2008, the Australian unemployment rate increased from 4.0% to 5.8%, with a corresponding increase in suicide rates by a drastic 22% for men and 12% for women (9).

It is important to recognise that periods of economic hardship do not affect all groups equally, and groups such as young people, those in casual or unstable work, without accumulated assets and strong professional networks are particularly vulnerable.

Adverse Life Events and Suicide

Research shows clearly that adverse life events (also known as negative life events) are a factor in suicide and self-harm.

This issue of the Bulletin highlights some of the research that confirms this and then asks the question – so what should we be doing about this?

A selection of key statements from the research below

- Nearly all suicides have experienced at least 1 (usually more) adverse life event within 1 year of death (concentrated in last few months).
- There was a direct association between negative life events and self-harm history.
- Stressful life events potentially explain aspects of suicide that depressive symptomatology is unable to
- Interventions should focus on amplifying social support and reducing hopelessness.

Negative Life Events and Suicide in the National Violent Death Reporting System

Tony Chen & Karl Roberts (2019) Negative Life Events and Suicide in the National Violent Death Reporting System, Archives of Suicide Research, DOI: [10.1080/13811118.2019.1677275](https://doi.org/10.1080/13811118.2019.1677275)

[Note: The authors Tony Chen and Karl Roberts are both from the School of Social Sciences and Psychology, Western Sydney University, Milperra NSW 2214, Australia.]

Objective: Negative life events may be a major precipitating factor for suicide and may differ across sociodemographic groups.

Males were more likely than females to have most precipitating factors, particularly a criminal legal problem or financial problem. While younger decedents had more crises and intimate partner problems, middle-aged decedents had more loss of housing and financial and job-related precipitants than the younger group. The odds of a physical health issue increased successively with each age group. Identified mental illness was associated most strongly with a job or physical health problem. Individuals who disclosed suicidal ideation had a higher incidence of all precipitants. Conclusions: The precipitants to suicide appear to vary according to individuals' demographic factors, current mental illness, and disclosure of intent. Our understanding of suicide may be enhanced by exploring the causal pathway behind these relationships

[Our comment: Of course, the 'mental illness' referred to in this abstract requires further

qualification to ensure it is not 'distress' that has been labelled / diagnosed as a mental disorder such as 'depression'.]

Adverse Life Events Proximal to Adult Suicide: A Synthesis of Findings from Psychological Autopsy Studies

Foster, T. (2011). Adverse Life Events Proximal to Adult Suicide: A Synthesis of Findings from Psychological Autopsy Studies. *Archives Of Suicide Research*, 15(1), 1-15. doi: 10.1080/13811118.2011.540213 <https://pubmed.ncbi.nlm.nih.gov/21293996/>

Nearly all suicides have experienced at least 1 (usually more) adverse life event within 1 year of death (concentrated in last few months)

The objective of this review was to summarise and interpret data about adverse life events proximal to adult suicide from major psychological autopsy studies. A PubMed search was conducted. Nearly all suicides have experienced at least 1 (usually more) adverse life event within 1 year of death (concentrated in last few months). Controlled studies have revealed specific life events, notably interpersonal conflict, as risk factors for suicide with some evidence of a dose-response effect. Some of the risk is independent of mental disorder. The suicidogenic impact of adverse life events, especially interpersonal conflict, necessitates specific objectives in suicide prevention strategies. Cultural influences on relative contributions of adversity and mental disorder to suicide warrant further research. Limitations of psychological autopsy studies suggest the need for complementary research into life events prior to serious suicide attempts

The Unique Role of Stressful Life Events in Suicidal Thoughts and Behaviours Among Adolescents

Deryck, Frank Samuel 2016

<https://escholarship.org/uc/item/9pq8862g>

Depressive symptomatology is a significant predictor of adolescent suicide, but it may be insufficient to explain what motivates a suicide attempt. By comparison, stressful life events potentially explain aspects of suicide that depressive symptomatology is unable to, but research on this relationship is scarce. Secondary analyses were conducted on data from a nationally representative sample of adolescents ("Add Health," N = 17,561) to examine the hypothesis that stressful events are a unique predictor of suicide attempts. Results indicated that stressful life events were a significant predictor of overall suicidality (thoughts or attempts), although the association was partially mediated by depressive symptomatology. However, both the accumulation of events and specific experiences of violence and bereavement predicted suicide attempts among adolescents who reported suicidal thoughts. These associations were significant when adjusting for depressive symptomatology, demographics, and other common suicide risk factors such as illicit substance use and exposure to the suicide of a close friend or family member. Findings are consistent with previous studies that discuss the limitations of depressive symptomatology as a predictor of suicide. Stressful life events are prevalent experiences that place adolescents at higher risk for both suicidal ideation and suicide attempts.

Examining the mechanisms by which adverse life events affect having a history of self-harm, and the protective effect of social support

Tham, S., Ibrahim, S., Hunt, I., Kapur, N., & Gooding, P. (2020). Examining the mechanisms by which adverse life events affect having a history of self-harm, and the protective effect of social support. *Journal Of Affective Disorders*, 263, 621-628. doi:

Highlights

- We used a unique case-series for 24,444 psychiatric patients who died by suicide
- There was a direct association between negative life events and self-harm history
- There was also an indirect effect to self-harm history via hopelessness
- Social support was protective between stressful life events and hopelessness
- Interventions should focus on amplifying social support and reducing hopelessness.

[Negative Life Events, Adverse Life Circumstances and Suicide in New Zealand](#)

[Bradshaw, M ResearchGate 2014](#)

Abstract

A review of literature on the role of negative life events and adverse life circumstances in suicide indicates they better explain the antecedents of suicide than psychiatric disorders.

Negative Life Events

Studies show that in the year before death, suicide completers were more likely than others to have experienced a range of negative life events including interpersonal conflict (Overholser, 2012; Grimbaldston, 1999), disruption of a romantic attachment (Hunt, 2013;), legal or disciplinary problems (Webb, 2011; Grimbaldston, 1999), physical illness (U.S. Department of Health and Human Services, 2012), bereavement (Grimbaldston, 1999), psychiatric hospitalization (Didham et al, 2006), recent discharge from a psychiatric facility (Cavanagh, 1999;) and contact with mental health services (Mock, 1996) , being sentenced to psychiatric care (Webb, 2011) bullying (Cooper, 2012; Brunstein, 2010), unemployment (Grimbaldston, 1999), poverty, debt (Wong, 2010;), separation from children (Cooper, 2012;), job problems and residence change (Brent, 1993; Cavanagh, 1993; Heikkinen, 1995; Cavanagh 1999; Cooper, 2011; Cooper, 2012; Scourfield, 2012).

The prevalence of negative life events in a 3 month period preceding suicide, were studied in a nationwide suicide population (N = 1,067) in Finland which found such events occurring in 80% of suicides. The most commonly occurring NLEs were Job problems (28%), family discord (23%), somatic illness (22%), financial trouble (18%), unemployment (16%), separation (14%), death (13%) and illness in family (12%). A study involving adolescent suicide victims found NLEs in the month before suicide in 70% of cases.

****Editorial comment: There is a major discrepancy in ABS data.**

Recommendation: We need a comprehensive and open review of how we gather and present suicide data in Australia with the review process to be led by experts from outside the current leadership to ensure impartiality.

In this graph on the ABS website (see below Table 1), Employment is listed as **3%** of suicide deaths. However, the NCIS data (see below Table 2) shows Employment to be a factor in around **55%** of all suicide deaths of people of working age. The 55% figure would be even higher for all deaths rather than deaths of people of working age. There is also the likelihood that the figure would be higher still if we had more accurate

information about employment status at time of death. The building industry superannuation fund CBUS presented information at the 2013 SPA conference that showed that a significant percentage of suicide deaths in the building industry that were listed as employed at the time of death were found, on further investigation, to be not employed. Our recommended review of data collection should also include a more thorough investigation of the actual employment status at time of death to ensure accuracy.

Table 1. [Most Frequently occurring psychosocial risk factors in coroner certified suicide deaths by age and sex, Australia, 2017](#)

Table 2. [National Coronial Information System DR16-16: Intentional Self-Harm Fatalities in Australia, 2001-2013](#)

Personal Wellbeing and COVID-19 The Mental Illness Ideology out of control

The Covid Pandemic is stressful on everyone – men, women and children. But being **dis-stressed** does not mean the existence of a clinical mental disorder. Nor does it mean that a distressed person should automatically be directed to medical treatment for the diagnosis of a clinical mental disorder and the prescribing of potentially harmful anti-depressant drugs. But that's exactly what we're doing – on a large scale.

Yes – we should be concerned about people's personal well-being (– often ambiguously called their 'mental health') - and perhaps a screening process might help determine people who may need professional care (even professional medical or psychological care) to help them deal with the stress – BUT we need to be very careful that we don't automatically process, diagnose and label people as having a mental disorder.

Recent media illustrates the pervasiveness of the mental illness ideology:

More children diagnosed with mental illness amid Victoria's second Covid wave

<https://www.theguardian.com/australia-news/2020/sep/03/more-children-diagnosed-with-mental-illness-amid-victorias-second-covid-wave>

There has been a significant increase in anxiety, depression and eating disorders in young people aged up to 14 years old since Victoria's second coronavirus wave began, data analysis of 3 million patients across general practices in Victoria and New South Wales has found.

The study was led by Monash University, with researchers analysing data from more than 1,000 GP practices in NSW and Victoria.

The sample data used for the research represents about 30% of the national population.

While there had been a near eradication of the usual winter infectious diseases like influenza, bronchiolitis and gastro, owing to Covid-19 restrictions, the researchers found a significant and sustained increase in mental illnesses.

Mental health ‘most important’ thing for children during COVID-19

Actively screening all children is vital for their mental wellbeing during and after the pandemic, according to a child health expert. You can [read the full article here](#).

The Australian Government will provide an additional \$31.9 million to create 15 mental health clinics across Victoria and further enhance essential support during the COVID-19 pandemic.

The Australian Government recognises the ongoing Victorian restrictions needed to stop the spread of the virus are having a significant impact on the mental health of individuals and communities in Victoria.

\$26.9 million of the new funding will establish 15 dedicated mental health clinics across Victoria, with nine clinics in Greater Melbourne and six in regional Victoria.

The clinics will be located at existing GP clinics, headspace centres or other community sites where people usually access general health care. A list of these locations will be announced within the coming weeks.

The clinics will support GPs by providing access to multidisciplinary teams of mental health workers, including psychologists, mental health nurses, social workers, and alcohol and drug workers.

The clinics will provide on-site mental health support, but may also arrange referrals to more intensive mental health care or social supports if needed. This could include referral into emergency care or into an in-patient facility in a private hospital.

Prime Minister Scott Morrison said there had been a concerning rise in self-harm injuries presenting to hospital, and a spike in the use of services like Beyond Blue, Lifeline and Kids Helpline.

Data shows there has been a 33 per cent rise in children and young people in Victoria presenting to hospital with self-harm injuries over the past six weeks, compared to a year earlier. In the past 4 weeks, Victorian use was 90 per cent higher than the rest of the country for Beyond Blue, 22 per cent higher for Lifeline and five per cent higher for Kids Helpline.

Our comment:

To reiterate: Yes – the children may well be distressed, but this does not mean that they necessarily have a **mental disorder** such as clinical depression or anxiety disorder. And to direct distressed children down the limited medical pathway for a diagnosis of a clinical mental disorder may well be creating a pathway to psychological and physiological harm.

Melbourne’s COVID spike in antidepressant use may trigger suicides by children and adolescents

Throwing petrol on an already out of control fire is rarely a good idea. [Nonetheless, between July 2017 and June 2018, over 100,000 \(1.8%\) Australians aged under 18 were prescribed an antidepressant.](#) Some received these drugs for anxiety, but many were prescribed them off-label for depression.

Perhaps this is understandable. Parents and doctors are often desperate to help; but prescribing antidepressants to isolated, distressed children and adolescents is desperation-based medicine, not cautious evidence-based medicine. It is based on the erroneous assumption that doing something is always superior to doing nothing.

[Read the full article](#) by Dr Martin Whitely.

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[Mens Shed](#)

Men's Health Information and Resource Centre

Western Sydney University

Locked Bag 1797, Penrith NSW 2751, Australia

Tel +61 2 45701123 Fax +61 2 45701522

Visit: <https://www.westernsydney.edu.au/mhirc>

To subscribe email s.guntuku@westernsydney.edu.au