Situational Approach to Suicide Prevention Bulletin MHIRC. WSU

The **Situational Approach** is being promoted by Mengage at MHIRC (WSU) and The Bulletin is published monthly. Prepared by: Anthony Smith; Editor: Shravankumar Guntuku.

Bulletin no. 12

Men in the lowest social class, living in the most deprived areas, are up to ten times more at risk of suicide than those in the highest social class, living in the most affluent areas. [Samaritans UK 2017 – see more below]

Introduction: Social Determinants of Mental Health

This issue of the **Situational Approach Bulletin** is focussed on the **Social Determinants of Mental Health.** There is a growing body of recent strong published material setting the case for the importance of the **Social Determinants of Mental Health** in general as well as more specifically for more effective suicide prevention. The World Health Organisation (WHO) has shown some leadership in this with the publication of an important report back in 2009, **Mental health, resilience and inequalities**, where they explicitly address social determinants and their impact on mental health throughout the report**.** A helpful initiative is that they deliberately refer to the term 'psychological wellbeing' in order to fully acknowledge the dynamics of the stressful context and to avoid reducing the distress of individuals to a simplistic 'mental disorder' such as 'depression'.

Since the time of this report there has been any number of quality papers published on this issue.

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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.

Contents of this issue:

WHO Report: Mental health, resilience and inequalities.

WHO Report: Mental health, resilience and inequalities

Friedli L (2009) Mental health, resilience and inequalities. World Health Organization, Copenhagen https://apps.who.int/iris/bitstream/handle/10665/107925/E92227.pdf

Excerpt from the Report Introduction (Piii):

… levels of mental distress among communities need to be understood less in terms of individual pathology and more as a response to relative deprivation and social injustice, which erode the emotional, spiritual and intellectual resources essential to psychological wellbeing. While psycho-social stress is not the only route through which disadvantage affects outcomes, it does appear to be pivotal. Firstly, psychobiological studies provide growing evidence of how chronic low level stress *'gets under the skin'* through the neuro-endocrine, cardiovascular and immune systems, influencing hormone release e.g. cortisol, cholesterol levels, blood pressure and inflammation e.g. C-reactive proteins. Secondly, both health-damaging behaviours and violence, for example, may be survival strategies in the face of multiple problems, anger and despair related to occupational insecurity, poverty, debt, poor housing, exclusion and other indicators of low status. These problems impact on intimate relationships, the care of children and care of the self. In the United Kingdom, the 20% - 25% of people who are obese or continue to smoke are concentrated among the 26% of the population living in poverty, measured in terms of low income and multiple deprivation of necessities. This is also the population with the highest prevalence of anxiety and depression.

The social determinants of mental health: an overview and call to action

Special consideration should also be given to the social determinants of mental health, which are not necessarily distinct from the social determinants of physical health, but which have been largely neglected

The social determinants of mental health: an overview and call to action was published in 2014 Psychiatric *Annals,* In the USA. This is a respected journal of psychiatry which is dedicated to providing valuable research information to psychiatrists, psychiatric nurses, and medical professionals with an interest in psychiatry. It is certainly pleasing to see the profile being given to the issue of the Social Determinants of Mental Health. This 'call to action' offers a broad theoretical support for the importance of Social Determinants as fundamental to health.

Excerpt from the ABSTRACT:

> …just as biological reductionism replaced ideas about social causation of disease in the 19th century, there has been a gradual movement away from scientific evaluation of the social and environmental processes that contribute to the development and persistence of mental disorders. As a result, enormous investments are currently being made to understand the

Neurobiology of mental disorders. Conversely, the social underpinnings of mental disorders are increasingly recognized by society but grossly under-studied and inadequately addressed. In the past, nature and nurture were often presented as two competing realms at odds; however, medical science is increasingly aware of the importance of the interplay between biology and the environment. Psychiatry stands poised to recognize the mutual interaction of both; that one cannot understand biology without understanding the socio-environmental context, and that the mechanisms underpinning social factors cannot be understood without considering neurobiology.

Shim R, Koplan C, Langheim FJP, Manseau MW et al. (2014) The social determinants of mental health: an overview and call to action. Psychiatr Ann 44:22–26
https://doi.org/10.3928/00485713-20140108-04

The impact of socioeconomic factors on mental health

What has economics got to do with it? The impact of socioeconomic factors on mental health and the case for collective action

We made a brief introductory report on this paper in Issue # 10 of this Bulletin.

It is worth looking further at this – their critique of barriers to effective suicide prevention mirrors concerns about the current approach to suicide prevention in Australia.

From P3:

> A distinction is often made between 'upstream societal influences' (which can include living and working conditions and wider societal structures) and 'downstream risk factors' (which include behaviours such as smoking or drinking as well as biological risk factors) (Graham, 2009, p. 472). To effectively take action on socioeconomic factors and mental health, there is a need for awareness of what might pull research and policy 'downstream' (Douglas, 2016; Graham, 2009). These barriers might include the dominance of the current economic paradigm, a focus on

psychological or community resilience, ignoring factors like structural racism, or the challenges of mental health care provision.

Macintyre, A., Ferris, D., Gonçalves, B., & Quinn, N. (2018). What has economics got to do with it? The impact of socioeconomic factors on mental health and the case for collective action. *Palgrave Communications*, *4*(1). doi: 10.1057/s41599-018-0063-2

Inequality and suicide

Men in the lowest social class, living in the most deprived areas, are up to ten times more at risk of suicide than those in the highest social class, living in the most affluent areas.[From the Samaritans UK 2017 – see more below]

The Samaritans organisation in the United Kingdom in 2017 published a strong Report: **Dying From Inequality: Socioeconomic Disadvantage and Suicidal Behaviour.** Their work echoes much of what can be found in Australia – contrary to some of the pervasive misinformation presented by the leadership of the current approach, some of the highest rates and numbers of suicide in Australia occur in very select metropolitan areas of socio-economic disadvantage and high unemployment. It is highly instructive to take a close look at the Torrens University interactive Public Health Information Development Unit (PHIDU) http://phidu.torrens.edu.au/social-health-atlases/maps to contrast health measures including suicide deaths by electorate and local government area.

From the Samaritans Report:

Inequality and suicide

Our report finds that deprivation, debt and inequality can increase suicide risk.

People living in the most disadvantaged communities face the highest risk of dying by suicide. We worked with leading academics to understand why.

Our report, ***Dying from Inequality,*** showed that financial instability and poverty can increase suicide risk. Suicide is a major inequality issue.

We found that income and unmanageable debt, unemployment, poor housing conditions, and other socioeconomic factors all contribute to high suicide rates.

Tackling inequality should be central to suicide prevention and support should be targeted to the poorest groups who are likely to need it most.

Our recommendations

We can all play a part in preventing suicide and reducing inequality, but governments must take the lead by:

- Ensuring national suicide prevention strategies **target** their efforts to **the most vulnerable people and places**, to reach people at the highest risk and reduce health inequalities.
- **Embedding suicide prevention across government policy**, specifically housing, welfare and economic planning, to improve support for the most vulnerable people.
- **Supporting suicide awareness training programmes** for frontline services that support people with financial issues. This would ensure practitioners have the skills they need to recognise, understand and respond to individuals who may be in distress.

Platt S, Stace S, Morrissey J (eds) (2017) Dying From Inequality: Socioeconomic Disadvantage and Suicidal Behaviour. Samaritans, London

https://www.samaritans.org/about-samaritans/research-policy/inequality-suicide/

In Our Words

The Shed Mount Druitt together with Western Sydney University Men's Health Information and Resource Centre have today launched *In Our Words: Stories from The Shed Mount Druit*t – a collection of interviews by author Chris Panagiotaros with the people, staff and supporters behind the organisation.

Professor John Macdonald, Director of the Men's Health Information and Resource Centre and Foundation Chair in Primary Health Care, said: "The stories provide insights into the lives of the people who are connected to The Shed and tell us about both the needs of our community and the response of The Shed to meet that need."

Charles, who shared his story, said The Shed helped him reconnect after a difficult period of being homeless. He went on to volunteer for the organisation and is now employed as a counsellor.

"The Shed helped me straight away with support. It was a comfortable place to not be judged and to just be yourself. That's what I like about it," said Charles.

“For those ones with a mental illness or depression or addiction or who are lonely and isolated or people who are just having a bad day – it’s an opportunity just to sit and gather. Much like a family; it’s just like sitting around a kitchen table.”

The Shed was established in 2004 by Western Sydney University’s Men's Health Information and Resource Centre and the Holy Family Church at Mount Druitt as a suicide prevention program in response to the high rate of suicide in males, particularly in Aboriginal and Torres Strait Islander men in western Sydney.

According to Dr Neil Hall, Assistant Director of the Men’s Health Information and Resource Centre, the informality of the support and services, the importance of relationship, and being embedded in the community are key features in The Shed’s success.

“Because The Shed is based on evidence that shows that suicide is often a result of an accumulation of hard events, often to do with legal issues or housing and the like, The Shed sets out to address some of these issues with those who attend. In this way, it puts into practice what is known as a situational approach to suicide prevention,” said Dr Hall.

The Shed offers a broad range of health and support services including counselling, legal advice, podiatry, along with meals and a place to connect.

Download *In Our Words: Stories from The Shed Mount Druitt:* http://www.mengage.org.au/men-s-sheds-research/the-shed-stories-in-our-words.

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