

Situational Approach to Suicide Prevention

Monthly Bulletin – Issue 14

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.

This edition:

Leadership in suicide prevention / mental health in Australia

- **Where is it when it counts?**

The over-medicalization as a response to distress and common behaviours in general, as well as specifically for children, is a major criticism of the current approach to suicide prevention and ‘mental health’.

We believe it is time to ‘draw a line in the sand’ on this issue, particularly the focus of the current approach on diagnosis of ‘mental disorders’ and prescribing harsh drugs such as antidepressants and anti-psychotics to treat what is often no more than common human experience and response to circumstances – often with harmful outcomes.

We ask readers to consider the content of this Bulletin and reflect on whether the leadership of the current approach is offering appropriate responsibility and accountability for this sector.

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This Bulletin: Prepared by Anthony Smith; Edited by Shravankumar Guntuku

Hot topic from the Productivity Commission - Screening 0 – 3 year olds for ‘mental illness’?

The Citizen’s Commission on Human Rights (CCHR) recently published a number of articles and letters on their website expressing their concerns about a recommendation of the current Productivity Commission. This Bulletin wholeheartedly supports their concerns.

From Citizen’s Commission on Human Rights <https://cchr.org.au/> (accessed Feb 5 2020)

1.25 Million 0-3 Year Olds to Be Screened for Mental Illness & at Risk of Being Drugged

The proposal to screen all 1.25 million children aged 0-3 years old is a result of Australia’s Productivity Commission’s Inquiry into Mental Health. The Productivity Commission is responsible for the accountability of government spending in all sectors. Specifically this inquiry was called to determine whether the current mental health programs are effective and if they deliver the best outcomes for children, families and the economy. They have released their Draft Report for feedback.

CCHR wrote to the Productivity Commission expressing their concern and have published their response to the Productivity Commission response.

Again this Bulletin fully supports the CCHM’s response.

And we would add the further comment: Where is the public outcry against this from the leadership of the suicide prevention / mental health sector?

Excerpts from CCHR reply letter to the Productivity Commission:

<https://cchr.org.au/uncategorized/cchrs-reply-to-mental-health-inquiry-commissioner>

Your letter points to recommendations that include health screening be expanded to include “children’s social and emotional development before they enter preschool” and an “emotional development check.” That you reject that this can be translated to mean checking for signs of “mental illness” is semantics and misleading. Terms such as “mental health” or “emotional health” are now used rather than resorting to use of “mental illness/mental health terminology” (see below: Professor Oberklaid). “Emerging Minds,” which promotes mental health for infants and children and receive federal government funding, states, “Child mental health can also be referred to as the child’s social and emotional wellbeing.”¹ Can you categorically refute and deny the proposed testing will not conceivably lead to prescription of ADHD drugs, antidepressants, antipsychotics or other psychotropic drugs to infants and toddlers?

Further down:

One of the Commission’s points of reference in its Draft Report is, “Zero to Three,” an organisation that relies upon DC:0-5, the Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood.² “In other, words, so-called psychiatric disorders in children, which the

manual says includes difficulty sleeping, tantrums, losing track of a favourite stuffed animal and hyperactivity". 3 The Australian Association for Infant Mental Health now promotes where training on how to use DC:0-5 can be done.4 Workshops using this manual train individuals in the "development of diagnostic classification of mental health disorders" (aka mental illnesses). 5 Further, "The current revision, DC: 0–5, was substantial" and: expanding the number of diagnostic categories and clinical disorders from previous versions." This includes such "disorders" as "Overactivity Disorder of Toddlerhood" and "Disorder of Dysregulated Anger and Aggression of Early Childhood."6

Our comment: This is a key dynamic in the mental illness ideology that pervades our health and human support systems. The ambiguity or even deliberate misuse of common terminology is typical of the mental illness ideology and is a powerful factor in perpetuating the bio-medical response to distress and other common human experience and behaviour. Common experience of general distress, suffering and worry, such as grief, sadness and feeling 'down', as well as common behaviours of children have become reduced to labels such as depression, anxiety and the so-called 'attention-deficit' disorders. These experiences have become medicalised as clinical disorders. The language and terminology used is fundamental to this process.

And now government appointed leadership is pushing for screening for mental disorder for babies and toddlers!!!!

Putting this into place would put extraordinary pressure on parents

Putting this into place would put extraordinary pressure on general practitioners

Putting this in place is likely to lead to the prescribing of harsh drugs for babies and toddlers

It is alarming that the commissioners would even conceive of this in the first instance.

It is alarming that they then argue their case against a well-reasoned and well-expressed concern.

LEADERSHIP OF THE SUICIDE PREVENTION / MENTAL HEALTH SECTOR

It is alarming that other leaders in the suicide prevention / mental health sector have not spoken out against this. Are we to read their silence on this as endorsement of this sort of initiative?

See more about the Productivity Commission draft report at

<https://www.pc.gov.au/inquiries/current/mental-health/draft>

Productivity Commission DRAFT REPORT - PART IV Early intervention and prevention

Early childhood REFORM OBJECTIVE: Better use of childhood services to identify and enable early intervention for social and emotional development risks

From Page 82 PDF version downloadable from website

PART IV Early intervention and prevention

Early childhood

REFORM OBJECTIVE:

Better use of childhood services to identify and enable early intervention for social and emotional development risks

DRAFT RECOMMENDATION 17.1 — PERINATAL MENTAL HEALTH

Governments should take coordinated action to achieve universal screening for perinatal mental illness.

In the short term (in the next 2 years)

The Australian Institute of Health and Welfare should expand the Perinatal National Minimum Data Set, to include indicators of mental health screening, outcomes and referrals. This data should be reported by State and Territory Governments.

State and Territory Governments should use the data to evaluate the effectiveness of health checks for infants and new parents, and adjust practice guidelines in accordance with outcomes.

In the long term (over 5 – 10 years)

The National Mental Health Commission should monitor and report on progress towards universal screening.

State and Territory Governments should put in place strategies to reach universal levels of screening for perinatal mental illness for new parents. Such strategies should be implemented primarily through existing maternal and child health services, and make use of a range of screening channels, including online screening and outreach services.

More information about Psychiatric Labelling and Drugging of Australian Children

Psychiatric Labelling and Drugging of Australian Children: The Facts

<https://chr.org.au/articles/psychiatric-labelling-and-drugging-of-australian-children-the-facts>

PsychWatch Australia

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

LEADERSHIP – The recommendation from the productivity commission compels us to call for the current leadership of the suicide prevention / mental health sector to make their position explicit on the matter of children and medicalization. We ask the leaders of the key organisations to demonstrate responsibility; they either offer an explicit public criticism of the productivity commission recommendation, as the CCHR has, or they must be seen to endorse it.

A perspective from the United Nations 2019

The United Nations has recently (2019) commented on this general topic of over-medicalising and associated activity of the mental illness ideology such as screening for ‘mental disorders’. While the UN Report is specifically about suicide prevention, much of the content refers to the broader idea of the current approach to ‘mental health’ in general –what we call the *‘mental illness ideology’*

Removing obstacles to liveable lives: A rights-based approach to suicide prevention

<https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25117&LangID=E>

Excerpts:

In response, some have pushed for wide-scale and mandatory mental health screenings to increase the identification of people in distress and connect them to treatments. Unfortunately, however, there is insufficient support that screening can identify individuals at risk for suicide and prevent them from acting. A large percentage of suicide attempts are impulsive and unplanned in a moment of acute despair. Regular screening and monitoring of the population are unlikely to prevent such cases.

There is also a risk that a "screen and intervene" approach may have other iatrogenic effects by contributing to policies that prioritize ineffective practices (e.g., involuntary hospitalization and the excessive use of antidepressants) over practices based on modern public health and human rights principles. Efforts to identify, monitor, and predict individuals' propensities for violence (including suicide as self-directed violence) run the risk of further stigmatization and discrimination of those identified. Precaution must be taken to avoid exacerbating harmful myths by portraying people in distress as potential perpetrators of violence. Research demonstrates that people suffering from emotional pain are at an increased risk of being victims of violence, and they are in need of protection against discrimination and exclusion.

In many parts of the world, antidepressant prescriptions are widely used as a way to prevent suicide. Although many who die by suicide have received a diagnosis of depression and anti-depressants have helped many overcome severe forms of depression, excessive medicalization, and an

overreliance on biomedical interventions that target the brain, seem to miss the mark. Driven by misconceptions that depression and suicide are a result of chemical imbalances, prioritizing suicide prevention through the treatment of depression is not evidence-based practice, nor is it compliant with the right to health. Research suggests that such focus on identifying depression in individuals and targeting them with biomedical interventions fails to reduce suicide risk. Oft-used individual interventions such as prescribing antidepressants and asking about suicidal thoughts do not reduce the risk of suicide. In fact, there is a growing body of research to suggest that excessive reliance on certain biomedical interventions, including antidepressants and voluntary and involuntary hospitalization, may have a counterproductive effect and lead to increased suicide risk. There is an urgent need to transition from addressing depression and suicide as the products of chemical imbalances toward examining how distress arises within power imbalances.

Our comment: If you feel strongly about the Productivity Commission and the lack of response by of the leadership of the current approach

- Call and / or email your local federal or state MP and voice your concern.
- Call and / or email senior staff at the key high-profile organisations in the suicide prevention / mental health sector and voice your concern
- Call and / or email media and voice your concern
- Forward links to this Bulletin

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