Situational Approach to Suicide Prevention MHIRC. WSU
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Bulletin no. 16 April 2020

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:

In this edition of the **Situational Approach** Bulletin we offer a few thoughts in response to a 2019 Discussion paper published in The Lancet Psychiatry

Social interventions: a new era for global mental health?

Abstract:

The recognition of the relationship between socio-structural challenges and poor mental health outcomes has recently taken centre stage in global health debates. Both the Lancet Commission on global mental health and sustainable development,1 and UN Special Rapporteur Dainius Pūras' report on mental health have reaffirmed the inseparability of mental health outcomes from macro-level social challenges and inequalities.

Burgess, R. A., Jain, S., Petersen, I., & Lund, C. (2019). Social interventions: a new era for global mental health?. *The Lancet Psychiatry*. (Link)

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Covid-19 Support

Accessible good quality information:
It's important to get accurate information from credible sources – see some examples /
links below.

- Australian Government coronavirus (COVID-19) health alert
- Health Direct – Coronavirus (COVID-19): Health Direct have also developed a COVID-19
  Symptom Checker - an online, self-guided tool to help people find out if they need to seek
  medical help. You can access this tool by clicking on the button below.
  smartraveller.gov.au – travel information for Australian citizens
  World Health Organization – coronavirus disease (COVID-19) outbreak

The Australian Psychological Society has advice about maintaining positive mental health during the
outbreak.

Men's Health Week 2020

It was a great success to have more than 300 events organised during Men's Health Week 2019.

It's time to gear up for the 2019. This Year's theme for Men's Health Week is **"Working Together
for Men's Health".** We at **Men's Health Information and Resource Centre** are excited to announce
that the registrations for **Men's Health Week** 2020 are open now.

Please register your event here: http://www.menshealthweek.org.au/events/submit-event, to
receive this year's Men's Health Week event promotional resources.

You can display some of the information published on these webpages to lead up to the Men's
Health Week.

http://www.menshealthweek.org.au/events/resources/male-health-infographics

https://www.amhf.org.au/infographics

**For "Men's Health Week: Useful Men's Health Information, Event Ideas & Contacts" please use
the attached booklet published by MHIRC.**

The Impact of COVID-19 unemployment on Men

Men in the firing line as jobs tumble – Crucial to take new tack on suicide, say Shravankumar
Guntuku and Dr Neil Hall.

The economic crisis caused by the COVID-19 pandemic is pushing the poor to be more vulnerable;
homeless and consequently depressed.

Social interventions: a new era for global mental health?

Burgess, R. A., Jain, S., Petersen, I., & Lund, C. (2019). Social interventions: a new era for global mental health?. *The Lancet Psychiatry*. (Link)

Excerpt:

The time has come for the global mental health movement to acknowledge the importance of the sociostructural determinants of mental distress, and work alongside communities and policy makers in their efforts to address them. Through engagement with these five actions, the global mental health community can commit to addressing the sociostructural challenges that are inseparable from the lives of those whose mental health we aim to support

Our introductory comments:

There is a good deal of merit in the approach taken by this article. The overall structure of the suggestions for action provides a good basis for planning how to proceed towards more effective suicide prevention and a more appropriate response to people in distress. Nevertheless some clarifications need to be made – while the general principles are worthy, much of the content of the article is still constrained by the 'mental illness ideology' and unhelpful, simplistic ideas.

The article offers a set of recommended principles for action.

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Promoting social interventions in global mental health—call to action

Development of interventions where community empowerment is viewed as the route to mental health promotion

Expanding our evidence base to highlight the mental health benefits of participation in community-led interventions where the main focus is on topics other than mental health

Prioritising service user and community knowledge and ownership over the process of intervention design—from inception to implementation and delivery

Transitioning to people-centered health systems and services, to enable combined action on social and health challenges to form the co['re of primary care

Developing our understanding of the long-term relationships between interventions that address social determinants (such as cash transfers or gender empowerment programmes), mental health outcomes and other social, economic, and health trajectories, especially among young people

We offer our comments to these key statements below.

……

Development of interventions where community empowerment is viewed as the route to mental health promotion

Our comment:

> For this to be effective there needs to be a dramatic shift away from the current management / bureaucracy that oversees 'mental health' as this is usually a complicit arrangement between government and corporate (both private enterprise and 'not-for-profits') whose business agendas determine a range of key aspects to activity including direction of funding and policy development across the whole sector. The importance of this dynamic cannot be understated - in Australia these few high-profile organisations and so-called experts have dominated this field for a decade and half or more and have strongly influenced the culture of this sector. In so doing, they have established large flourishing businesses that profit handsomely from perpetuating key aspects of the mental illness ideology. The provision of work place training in mental health with core leaning outcomes being things like 'learning to identify symptoms of depression' is a good example of this unhelpful but unchallenged activity.

Expanding our evidence base to highlight the mental health benefits of participation in community-led interventions where the main focus is on topics other than mental health

Our comment:

> Yes! We do need to expand the evidence base; we need to fund new initiatives - provided these fit with an appropriate conceptual framework within which we can design appropriate and plan and develop appropriate strategies and activities.

> And we now have a very strong conceptual framework – the **Situational Approach** which is already being used to help design suicide prevention activity on the international stage. The rationale for new initiatives needs to be explicit in that they take the new approach to make it clear new activity has genuinely distanced itself from the current approach. As we said in the last edition of the Bulletin, it has come time to draw the line and make a deliberate and explicit distancing from the leadership of the current approach.

> While we need to extend our evidence base, we also need to ensure we don't simply disregard pertinent evidence we already have – as we have been doing under the current leadership; the evidence of the impact Active Labour Market Police (ALMP) can have on suicide rates demands we put more effort into improving re-employment support for unemployed people and greater job-creation activity as a *priority* in suicide prevention.

We need good support to promote and publish the evidence like this that we already have so that it becomes a key part of planning / replication rather than a token add-on to the key business activity such continuing to provide mental health training largely untouched.

Prioritising service user and community knowledge and ownership over the process of intervention design—from inception to implementation and delivery

Our comment:

Excellent idea –But we need to ensure that people with the right experience and expertise take the leadership in this exercise to ensure to ensure the new models of activity are a genuine change and not just a superficial window-dressing.

The Situational Approach papers include a section on appropriate expertise. See

The Situational Approach - Advocating for a new Multi-Sector Approach

http://malesuicidepreventionaustralia.com.au/wp-content/uploads/2018/02/SA-Advocating-for-a-new-multi-sector-approach-190218.pdf

Certainly the **Situational Approach** has been calling for a re-reprioritising for suicide prevention *away* from later-level intervention

Transitioning to people-centered health systems and services, to enable combined action on social and health challenges to form the core of primary care

Our comment:

People-centred – Yes

BUT working with a solid evidence base and a strong conceptual framework and

NOT simply perpetuating the mental illness ideology and simplistic and unhelpful stereotyping for example, of men in distress

And to ensure this, we need a comprehensive national training program to ensure personnel of all relevant sectors (not just health / mental health, welfare, human services but HR through all corporate and Not-for-Profit organisations at all levels to ensure understanding of the key issues pertaining to why we need a wholesale change to the current approach

Developing our understanding of the long-term relationships between interventions that address social determinants (such as cash transfers or gender empowerment programmes), mental health outcomes and other social, economic, and health trajectories, especially among young people

Our comment:

We already have strong evidence of program activity policy that impacts suicide tolls, for example the ALMP mentioned above – but this has been largely ignored. We already have a strong conceptual framework within which to consider these broader issues and the 'long-term relationships'

What we need to do is ensure appropriate targeting of activity and that programs and planning are built on evidence rather than convenient, ambiguous or partial-only information to suit political and business agendas.

See more on this in the Situational Approach papers, particularly

Challenging the Deficits of the Current Approach

http://malesuicidepreventionaustralia.com.au/wp-content/uploads/2017/09/Situational-Approach-%E2%80%93-Challenging-the-Deficits.pdf

Advocating for a new Multi-Sector Approach

http://malesuicidepreventionaustralia.com.au/wp-content/uploads/2018/02/SA-Advocating-for-a-new-multi-sector-approach-190218.pdf

The impact of Psychosocial factors on Mental Health and their implications in Life Insurance

Jane Dorter from KPMG recently presented a KPMG Report

https://fsc.org.au/news/psychosocial-fsc-kpmg

Excerpt from key insights about the Research Paper:

What are some of the current gaps in preventive measures for mental health?

Policy and product that reinforces a medical model and therefore insists on a medical diagnosis can create adverse effects for people with insurance and a mental health condition. Some circumstances do not require a medical model of care. They do however require care.

Coordination of social care and even interpersonal care is vital to ensuring we get prevention in mental health right. There is a significant gap in our community health systems and the current healthcare model to provide for people that have psychosocial issues. They are not well supported as either a primary or secondary cause of impairment.

Insurers have the opportunity to work in both a multi-disciplinary and interdisciplinary approach with multi-sector providers to fill this gap. This is not just a benefit to insurance policy holders, but will benefit all Australians that currently fall into this vast 40 per cent bucket of mental health experience.

When we better understand the detail and complexities of what people are suffering, and collaborate across sectors and disciplines, we can solve this increasing problem. When we do this in a manner that is non-judgmental and accepts that people suffer with mental illness, mental health conditions and psychosocial issues, we avoid stigma and truly practice prevention.

To download a copy of the paper, see here.

To download the media release, see [here](#).

The **Situational Approach to Mental Health Literacy** paper has been cited in this report.

See P 91 **Industry, Media and Government Literature**

Ashfield, J., Macdonald, J., Francis, A., and Smith, A. (2017). A 'situational approach' to mental health literacy in Australia. Report. Australian Institute of Male Health & Studies, Victoria, Australia.

http://malesuicidepreventionaustralia.com.au/wp-content/uploads/2017/06/Mental_Health_Literacy_Paper_web.pdf

Men's Shed

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