

Bulletin No 2 December 2018

Welcome to the second edition of our Situational Approach to Suicide Prevention Bulletin. MHIRC is part of a growing movement promoting a different way of thinking and acting to slow the alarming rate of suicide.

The increase in Australia's suicide rate is a tragedy that needs to be met with proven responses across crisis, early intervention and prevention initiatives. This new approach seeks to prevent suicide by paying particular attention to the social/situational factors that lead to suicide - such as unemployment, family breakdown, isolation, dispossession and trauma.

We welcome feedback, and would of course be very happy to have conversation with any people or organisations who are working in this vital area.

United Nations Report Calls for a Shift in Approach in Mental Health Care

INSIDE THIS ISSUE:

1 UN Paper

2. Sir Michael Marmot visits Mt Druitt Shed.

3. The Situational Approach – Deficits of the Current Approach

4. Dr John Ashfield feature in newsletter NSW **The Country Web**

In a recent report (2017), the United Nations Special Rapporteur on the right to health, Dr. Dainius Pūras, has called for a shift in our approach to mental health.

The Report echoes much of the content of the key Situational Approach documents

Under **Conclusions:**

The urgent need for a shift in approach should prioritize policy innovation at the population level, targeting social determinants and abandon the predominant medical model that seeks to cure individuals by targeting “disorders”.



UNITED NATIONS
HUMAN RIGHTS
OFFICE OF THE HIGH COMMISSIONER

<https://www.ohchr.org/en/issues/health/pages/srrihealthindex.aspx>

Dr Pūras warns that ‘Approaches to mental health that ignore the social, economic and cultural environment are not just failing people with disabilities, they are failing to promote the mental health of many others at different stages of their lives.’

The report offers 3 key areas of critique of the current approach

Dominance of the biomedical model Power asymmetries

Decision-making power in mental health is concentrated in the hands of biomedical gatekeepers, in particular biological psychiatry backed by the pharmaceutical industry.

Biased use of evidence in mental health

Powerful actors influence the research domain, which shapes policy and the implementation of evidence. Scientific research in mental health and policy continues to suffer from a lack of diversified funding and remains focused on the neurobiological model. In particular, academic psychiatry has outsized influence, informing policymakers on resource allocation and guiding principles for mental health policies and services

While it is uncontroversial to note that millions of people around the world are grossly underserved, the current “burden of disease” approach firmly roots the global mental health crisis within a biomedical model, too narrow to be proactive and responsive in addressing mental health issues at the national and global level. The focus on treating individual conditions inevitably leads to policy arrangements, systems and services that create narrow, ineffective and potentially harmful outcomes.

See more on the United Nations Report at <https://www.madinamerica.com/2017/06/united-nations-report-calls-revolution-mental-health-care/>

Sir Michael Marmot Visits Mt Druitt Shed

The Shed in Mt Druitt is a drop in centre for people at risk of suicide; originally a space for Aboriginal men in distress, it is now open to anyone who comes.

It is based on the research on the social determinants of health, more specifically, the determinants of distress and suicide; the Shed links people to the services of which they are most in need.

The thinking on the social determinants of health underpins much of progressive practice in public health. One of the great proponents of this research is Sir Michael Marmot. He was told that in some ways he was the "father" of the Shed, given his work on highlighting the social determinants of health.

The Shed in Mt Druitt is an unpretentious building so it is extraordinary that Sir Michael chose to visit. He wanted direct contact with Aboriginal people in an urban setting. He stayed a few hours and ate with people, engaging in conversation with several, often focusing on their experiences of suicide in their families and community. They were clear in their support for the approach of the Shed in addressing the distress that could lead up to suicide.

It was a very encouraging day for the Shed.



Professor Sir Michael Marmot MBBS, MPH, PhD, FRCP, FFPHM, FMedSci. Director of the International Institute for Society and Health. MRC Research Professor of Epidemiology and Public Health, University College, London.

Michael Marmot has led a research group on health inequalities for the past 30 years. He is Principal Investigator of the Whitehall Studies of British civil servants, investigating explanations for the striking inverse social gradient in morbidity and mortality. He chairs the Department of Health Scientific Reference Group on tackling health inequalities.

In 2000 he was knighted by Her Majesty The Queen for services to Epidemiology and understanding health inequalities. Internationally acclaimed, Professor Marmot is a Vice President of the Academia Europaea and the Chair of the Commission on Social Determinants of Health set up by the World Health Organization in 2005)



Challenging the Deficits of the current Approach

The Situational Approach to suicide prevention and mental health literacy challenges fundamental deficits in the narratives and practices of these fields – deficits that are systemic, pervasive, and deeply entrenched. Facing these deficits squarely and honestly is essential if we are to show respect for the best interests of consumers and service recipients, and the considerable public and donor funds that sustain current suicide prevention and mental health literacy activities.

Organisations promoting approaches and programs implicated by these deficits also need to be challenged to revise their approaches and to accommodate the wider expertise and informative opinion that now exist in these fields.

Deficits the Situational Approach highlights and critiques include:

- The unnecessary and potentially harmful medicalisation and pathological categorisation of human distress – and disregard for the situational and dimensional nature of human experience
- The conflation of mental illness and suicide
- The conflation of intentional non-fatal self-harm with suicidality
- The disempowerment of communities in their capacity to take a leadership role in local and regional suicide prevention and preventative mental health
- Disregard for important implications of gender specificity and differentiation in program and service design and subsequent service and program delivery
- Significant neglect of primary and secondary prevention efforts in favour of crisis intervention, which leaves those most vulnerable to mental health difficulties, and suicide to simply ‘fall through the slats’
- Lack of innovation and relevance of some research in the fields of mental health and suicide
- Over-reliance on mental illness perspectives from the mental health sector in suicide prevention, and disregard for expertise relevant to a broader perspective on suicide and effective suicide prevention
- Community ‘engagement’, whether focused on mental health literacy or suicide prevention, that is dominated by mental illness information sessions, and awareness raising. Informing and raising the awareness of the public about mental illness, can in fact discourage engagement, because illness suggests the need for a medical or professional intervention
- The increasing phenomenon of non-health and non-mental health organisations (influenced by mental health literacy messaging) directing clients to GPs rather than other more appropriate support services
- Suicide prevention and mental health training programs that continue to present limited and orthodox perspectives without enough critical analysis of their inherent problems, contradictions, or outcomes for consumers
- Lack of appropriate support including referral options for GPs in primary care settings.

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

Dr John Ashfield feature in NSW rural e-newsletter *The Country Web*

The Country Web - Issue 65, 2018 Annual

[The-Country-Web-25th-Anniversary-2018-Annual-Accessible.pdf](#)

The Rural Women's Network of the NSW Department of Primary Industry have recently published an article on

Men's matters: Dr John Ashfield talks about what makes men tick and how women can better help the men in their life when they are in distress.

From: Page 32 | Men's matters

Many things can give rise to feeling powerless, such as: financial pressure, unemployment or underemployment, relationship difficulties, seeing others distressed or upset and not knowing how to respond, feeling dominated or controlled, a change in health status, having a sick child or partner, chronic pain, loss or bereavement, being on the land and affected by drought, fire, flood or pests, or perhaps a significant loss of status, role or position or having unmet expectations of a person or situation (whether realistic or not).

Many other examples could be given, but it is important to understand that a man may feel powerless without being able to identify and name the experience. He may need help to track down and name what it is that is giving rise to his experience of powerlessness. Detecting and addressing powerlessness can be an excellent general preventative mental health strategy with males, because it is commonly an early warning sign of deteriorating mental health and can be an important signal calling for help/intervention.



Dr John Ashfield PhD

Dr John Ashfield is a bestselling author, known across Australia and internationally for his writing in the fields of applied psychology, mental health, and male psychology. He is author of six books, two book chapters, numerous monographs, mass media articles, and published health promotion resources; he has also authored and co-authored a number of academic articles, and is a member of the Executive Board of, *New Male Studies: An International Journal*.

Dr Ashfield has taught at the University of Adelaide, University of South Australia, and as a visiting lecturer at Flinders University. He was a pioneer of post-graduate clinical education in psychosocial palliative care, in the Department of General Practice, Faculty of Medicine, University of Adelaide, and has held a number of senior consultancy and clinical appointments in government and non-government sectors. He was the founder of the India Overseas Sharing Fund, a community aid and development organisation in Chennai, India.

NSW Department of Primary Industry

<https://www.dpi.nsw.gov.au/about-us/rural-support/rural-womens-network/country-web/the-country-web-issue-65,-2018-annual>

**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>**