

## Situational Approach to Suicide Prevention MHIRC. WSU ed Anthony Smith Bulletin no. 4 February 2019

The Situational Approach to suicide prevention seeks to prevent suicide by paying particular attention to the social/situational factors that lead to suicide.

Welcome to the fourth edition of our Situational Approach to Suicide Prevention Bulletin. International interest in the Situational Approach continues to grow with further development of training for health professionals in the UK.

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

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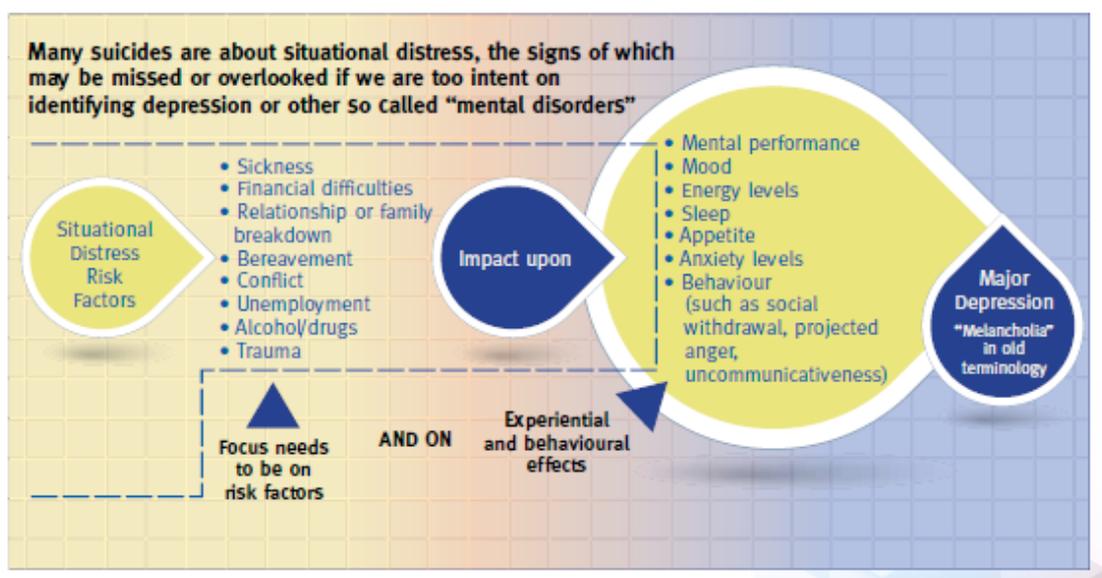
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## Creating a National Data Matrix – for Effective Situational Suicide Prevention

Suicide prevention initiatives in Australia have often predominantly focused on crisis intervention – with people who are experiencing suicidal ideation or have attempted suicide. Such initiatives have also tended to see suicide in continuity with mental illness. This has resulted in a preoccupation with the detection of illness or disorder – like major depression, with the result of distracting attention away from forms of distress that don't constitute illness or disorder, and yet which can result in suicidal ideation and suicide. A useful corrective term that can help counter the current preoccupation with mental illness in suicide prevention, and can provide a sounder basis for prevention efforts, is *situational distress*.



Situational suicide prevention is a new approach that 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.

For more on this topic, see:

### **Creating a National Data Matrix – for Effective Situational Suicide Prevention**

[http://malesuicidepreventionaustralia.com.au/wp-content/uploads/2017/04/National-Data-Matrix-table\\_web.pdf](http://malesuicidepreventionaustralia.com.au/wp-content/uploads/2017/04/National-Data-Matrix-table_web.pdf)

## **A ‘Situational Approach’ to Mental Health Literacy in Australia**

A *situational approach* to mental health literacy represents a significant departure from the current medical framework and its emphasis on illness and the use of illness language relating to mental health. It reconceptualises a broad spectrum of human distress, as non-illness, and remediable largely with nonmedical intervention. In so doing, it also opens up a whole new potential for meaningful community engagement in the endeavour of psychological support, preventative mental health, and suicide prevention. This approach may potentially remove a significant burden of service demand and cost from our overwhelmed mental health system – particularly services that currently deal with high prevalence mental health difficulties, and may provide much more humane and satisfactory outcomes for consumers.

[http://malesuicidepreventionaustralia.com.au/wp-content/uploads/2017/06/Mental\\_Health\\_Literacy\\_Paper\\_web.pdf](http://malesuicidepreventionaustralia.com.au/wp-content/uploads/2017/06/Mental_Health_Literacy_Paper_web.pdf)

### **A ‘Situational Approach’ To Mental Health Literacy In Australia**

Ashfield, J., Macdonald, J., Francis, A. and Smith, A. “A ‘Situational Approach’ To Mental Health Literacy In Australia”. (2017): n. pag. Web. 30 May 2017. <https://doi.org/10.25155/2017/150517>

## **'Pathways to despair : a study of male suicide (aged 25-44)**

‘...the burden of a series of difficult life events and a sense of not feeling valued is a significant characteristic of the 'pathway' to suicide.’

From - **Pathways to Despair: the social determinants of male suicide (aged 25-44), Central Coast, NSW.**

A study of the relevance of the context of male suicide: the accounts of selected men who attempted death by suicide and members of families and friends who have lost men close to them from death by suicide.

### 3.1 Discussion

From our data, it is apparent that for some men, the burden of a series of difficult life events and a sense of not feeling valued is a significant characteristic of the 'pathway' to suicide. This study supports the view that adverse life experiences such as neglect, abuse in childhood and an unsupportive early childhood environment can have a lasting deleterious effect on adult life. We have pointed out the cumulative effect of these factors and when they come together, they can weaken people's resilience. This can lead to an inclination towards drug addiction and abuse as coping mechanisms. Job-related issues would seem to have a particular significance for men. The narratives show that stress and problems at work often had a profound effect on the lives of suicide attempters as well as on those men who actually killed themselves. Interviews revealed that being employed in fulfilling work can often contribute to the resilience necessary to overcome difficulties in life.

### 3.2 Conclusion

The pathways to despair, which can lead to suicidal thinking and suicide attempts, can accumulate over a period of encountering adverse life situations (adverse childhood experience, school, addiction to drugs, relationship strain, work-environment, community life, separation etc). Perhaps most important is the *cumulative* effect of difficulties in several of these areas: when several of the factors are simultaneously involved, there is almost inevitably a greater degree of risk. A grasp of the broader context of acts of suicide and self-harm, the social determinants of suicide, is paramount for our understanding of these issues in order to draw up long-term strategies for promoting a public health approach to suicide prevention.

[http://www.uws.edu.au/\\_data/assets/pdf\\_file/0015/217032/MHIRC\\_2.Pathways.pdf](http://www.uws.edu.au/_data/assets/pdf_file/0015/217032/MHIRC_2.Pathways.pdf)

Macdonald, J., Smith, A., Gethin, A., Sliwka, G., Monaem, A. and Powell, K. (2016), 'Pathways to despair : a study of male suicide (aged 25-44)', *Public Health Research*, vol 4, no 2 , pp 62 – 70

## Suicide Deaths and Employment Status

The majority of all suicide deaths are people who are not employed.<sup>1,2</sup>

It is as simple and stark as that.

A Report from the National Coronial Information System (NCIS) shows that suicide deaths among those who are not employed account for at least 55% of all suicide deaths of people **of working age**. (The rate is even higher for all ages). And there are even higher rates of suicide deaths among women of working age who are not employed – 68.2%. Many of the suicide deaths of people of working age and who are *not employed* (several hundred per year) are nevertheless not classified as '*unemployed*' and consequently are often simply overlooked altogether.<sup>1,2</sup> International research shows that unemployment is a significant factor in suicides in many

Western Countries<sup>3</sup> and that providing appropriate support for those who are not employed can impact on suicide rates<sup>4,5</sup>

This Report was commissioned by the Australia Institute of Male Health and Studies (AIMHS) in 2016 after a decade of ‘leaders’ in suicide prevention in Australia refusing to take any initiative to address this serious concern for our community.

### **What are we doing in Australia to properly support people who are not employed?**

**For the NCIS report, see:**

[http://malesuicidepreventionaustralia.com.au/wp-content/uploads/2017/01/NCIS-Report-2016\\_FINAL.pdf](http://malesuicidepreventionaustralia.com.au/wp-content/uploads/2017/01/NCIS-Report-2016_FINAL.pdf)

For all references to this article, see **References** below.

## **Rural Suicide and its Prevention: a CRRMH position paper**

A Centre for Rural and Remote Health (CRRMH) position paper highlights the importance of Social Determinants in the health status of rural Australians. This has vitally important implications for effective suicide prevention.

*“The health of Australians in rural and remote areas is generally poorer than that of people who live in major cities and towns.”*

Commonly cited reasons for this poorer health status include substantial differences between the metropolitan and rural and remote populations in exposure to the social determinants of health.

See page 5 Figure 4: Social determinants of health and the health status of rural Australians [2]

| <b>Social Determinants</b>   | <b>Poorer Health Outcomes</b>   |
|--|---|
| <ul style="list-style-type: none"><li>• lower levels of income, employment and education</li><li>• higher occupational risks, particularly associated with farming and mining</li><li>• geography and the need for more long-distance travel</li><li>• poorer access to fresh foods</li><li>• poorer access to health services</li></ul> | <ul style="list-style-type: none"><li>• higher mortality rates and lower life expectancy</li><li>• higher reported rates of high blood pressure, diabetes and obesity</li><li>• higher death rates from chronic disease</li><li>• higher prevalence of mental health problems, including dementia</li><li>• higher rates of alcohol abuse and smoking</li></ul> |

[https://www.crrmh.com.au/content/uploads/RuralSuicidePreventionPaper\\_2017\\_WEB\\_FINAL.pdf](https://www.crrmh.com.au/content/uploads/RuralSuicidePreventionPaper_2017_WEB_FINAL.pdf)

Hazell T, Dalton H, Caton T, Perkins D (2017) Rural Suicide and its Prevention: a CRRMH position paper. Centre for Rural and Remote Mental Health, University of Newcastle, Australia.

## References:

- 1 Saar, E., Burgess, T., Intentional Self-Harm Fatalities in Australia 2001 – 2013. Data Report DR16 – 16 (2016) National Coronial Information System
- 2 McPhedran, S. and De Leo, D.(2013) 'Miseries suffered, unvoiced, unknown? Communication of suicidal intent by men in "rural" Queensland, Australia'. The American Association of Suicidology Suicide and Life-Threatening Behavior, Dec. 2013. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/23829683>
- 3 Nordt, C., Warnke, I., Seifritz, E., & Kawohl, W. (2015). Modelling suicide and unemployment: a longitudinal analysis covering 63 countries, 2000–11. *The Lancet Psychiatry*, 2(3), 239-245. [http://dx.doi.org/10.1016/s2215-0366\(14\)00118-7](http://dx.doi.org/10.1016/s2215-0366(14)00118-7)
- 4 Haw, c, Hawton, K, Gunnell, D, Platt, D., Economic recession and suicidal behaviour: Possible mechanisms and ameliorating factors. *International Journal of social Psychiatry* 2015, Vol. 61(1) 73–81
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