

Situational Approach to Suicide Prevention MHIRC. WSU ed Anthony Smith Bulletin no. 5

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 fifth edition of our Situational Approach to Suicide Prevention Bulletin. International interest in the Situational Approach continues to grow with further development of training for GPs this month (March 2019) 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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A strong Mission Statement from Mad in the UK

The Mission Statement from the recently established Mad in the UK website is strongly aligned with the Situational Approach to Suicide Prevention and mental Health Literacy

Mission Statement

MITUK's mission is to serve as a catalyst for fundamentally re-thinking theory and practice in the field of mental health in the UK, and promoting positive change. We believe that the current diagnostically-based paradigm of care has comprehensively failed, and that the future lies in non-medical alternatives which explicitly acknowledge the causal role of social and relational conflicts, abuses, adversities and injustices. We campaign for a change in the professional and public discourse about emotional distress and unusual experiences; for support, both within and beyond services, which meets people's real needs; and for social policy which addresses the causes of distress at its roots.

<https://www.madintheuk.com/mission/>

Mad in the UK which is a part of the MIA Global network which began with the Mad In America website <https://www.madinamerica.com/>

Community-led solutions are key to reducing Aboriginal youth suicide

<https://www.theguardian.com/australia-news/2019/feb/08/community-led-solutions-are-key-to-improving-aboriginal-youth-suicide>

Senator Pat Dodson has joined Aboriginal organisations in the Kimberley in calling for action on reducing youth suicide, following the release of a long-awaited coronial report into the deaths of 13 children and young people.

“This report must lead a paradigm shift that leads to community-led solutions that address the clear sense of suffering, hopelessness and disillusionment that is being felt,” he said.

The WA state coroner Ros Fogliani said the “profoundly tragic” deaths were “shaped by the crushing effects of intergenerational trauma and poverty upon entire communities”.

“That community-wide trauma, generated multiple and prolonged exposures to individual traumatic events for these children and young persons,” she said.

The Situational Approach to suicide prevention supports this ‘community-led solutions’ approach – and not just to addressing the terrible tragedy of young aboriginal people, but also for the majority of suicide deaths which are often the tragic outcome of an accumulation of adverse life events. This idea of ‘...an accumulation of adverse life events’ has been published in the paper. ‘Pathways to Despair: The Social Determinants of male suicide (aged 25-44), Central Coast, NSW’

http://www.uws.edu.au/_data/assets/pdf_file/0015/217032/MHIRC_2.Pathways.pdf

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

Meta-analysis Finds Asking About Suicidal Thoughts Does Not Predict Suicide

<https://www.madinamerica.com/2019/02/meta-analysis-finds-asking-suicidal-thoughts-not-predict-suicide/>

A recent meta-analysis finds that the association between reported suicidal ideation and later suicide is low.

In this meta-analysis, all definitions of suicidal ideation were included. Data were reviewed across 70 studies that examine suicidal thoughts. Results found that 60% of people who have died by suicide did not express suicidal ideation when asked at a specific time beforehand. A subgroup analysis that examined the association between suicidal ideation and later suicide in a non-psychiatric setting found that 80% of people did not express suicidal ideation when questioned by the general practitioner.

Moreover, the study suggests that although it may seem that further questioning about suicidal ideation would elicit more information to facilitate accuracy in assessment, it is also associated with a higher false positive rate. In other words, detailed questioning increases the likelihood of inaccurately assessing people as at-risk for suicide when that is not the case.

The authors summarize their findings:

“Our study suggests that suicidal ideation is not sensitive enough to be very helpful as a stand-alone screening test for suicide in psychiatric or non-psychiatric settings.”

Our comment: not only is the ‘risk assessment’ process in question, but this is an example of later level-level intervention; while this has its place, we need to be committing greater effort to our upstream prevention activity. We need to be addressing the situational factors (the social determinants) of distress more comprehensively than we are now.

Scholars Respond to the APA’s Guidance for Treating Men and Boys

There has been a great deal of publicity and concern about the recent [American Psychological Association’s new Guidelines for Treating Men and Boys](#).

A number of psychologists have responded. Below are some excerpts from a recent article:

Twelve Scholars Respond to the APA’s Guidance for Treating Men and Boys

Introduction — John P. Wright, Ph.D.

We are heartened by the criticism that emerged from the APA’s guidelines...

If the APA is truly concerned about the mental and emotional health of men, it will recognize the goodwill and constructive intent underpinning much of the criticism, and consider the feedback as a starting point for a broader and more productive discussion of how to most effectively provide successful treatment for boys and men.

The APA Guidelines Are Unethical — Pamela Paresky, Ph.D.

The APA’s code of professional ethics requires that psychologists respect clients’ “dignity and worth” and their “rights to self-determination.” It urges them to “take precautions” about

“potential biases,” to refrain from taking on a clinical role when “other interests” could impair their objectivity, and reminds psychologists that they must “establish relationships of trust” with clients. The new guidelines violate these ethical standards. The guidelines’ basic premises are rooted in a set of ideological biases that are likely to impair psychologists’ objectivity, ability to respect the dignity and worth of certain clients, and make it difficult if not impossible to establish a therapeutic relationship based on trust.

A Case Study of Traditional Masculinity — Clay Routledge, Ph.D.

Mental illness is a real problem that haunts even some of the strongest of men. And all of us, men and women alike, grapple with psychological vulnerabilities and life stressors. But I would argue that traditional masculinity is not the problem. Instead, it can be part of the solution to the problems that plague many modern boys and men. With proper guidance from positive male role models and institutions that give males a code to live by and connect them to a purpose-providing moral system, traditional masculinity plays a vital role in creating healthy men as well as building and preserving safe and prosperous societies.

Psychotherapy Is Meant to Be Personalized Medicine — Sally Satel, M.D.

...therapy is a delicate business not readily amenable to guidelines tailored to gender—or to any group affiliation, for that matter. So when the APA encourages practitioners to engage in vaguely defined activities—“address issues of privilege and power related to sexism” or “help boys and men, and those who have contact with them become aware of how masculinity is defined in the context of their life circumstances”—it seems more focused on a political agenda than on the patient.

Professional Best Practices Are Not Ideological — Debra W. Soh, Ph.D.

I have several concerns regarding the APA guidelines for practice with men and boys. Perhaps a good starting point would be the belief that masculinity is an “ideology,” “socially constructed,” and “learned during socialization,” as opposed to biological and the result of hormonal influence...

Progressive talking points, like calling gender a “non-binary construct” and openly advocating for “participation in social justice activities,” have no place in a document detailing professional best practices. They foreshadow a future in which psychologists must alter their therapeutic approach, not in the best interest of their client, but because this new orthodoxy is trendy and they are afraid of having their licenses revoked. Psychological services should be scientifically-informed and cater to an individual’s needs and history, instead of being based on sweeping, politically motivated assumptions about their sex.

For the full article, see -

<https://quillette.com/2019/02/04/psychologists-respond-to-the-apas-guidance-for-treating-men-and-boys/>

At least someone gets it –

A recent article published in The Age is giving hope that there might be a change in how journalists approach the ambiguity and unhelpful conceptual framework of the current approach to psychological distress. The article was written by Greg Baum who is chief sports columnist and associate editor with The Age.

Mental health emphasis 'overcooked'

<https://www.theage.com.au/sport/afl/mental-health-emphasis-overcooked-20190227-p510on.html>

... Bond said he also worried about the “medicalisation of emotions”. Public as well as clubs and players confused mental health with mental wellbeing. He said it was natural to feel sad and even depressed after, for instance, a death in the family, but that was not the same thing as mental illness.

Our comment:

We don't necessarily agree with everything in this article - but it's a very good start. It's interesting that it comes from Sport – it seems that there is very little of this initiative and understanding comes from the Health / Suicide Prevention Sector and the journalism that goes with it.

The Shed – Mt Druitt: In Our Words

MHIRC runs [the “Shed” in Mt Druitt](#) as a drop in centre for people (mainly Aboriginal) at risk of suicide and the workers there address the most pressing “situations” of the distressed people attending as a first step in hopefully averting further distress and even suicide.

https://www.westernsydney.edu.au/mhirc/mens_health_information_and_resource_centre/our_work/research_projects/the_shed

The Shed was established in 2004 as a partnership between the University of Western Sydney, MHIRC and the Holy Family Church at Mount Druitt. Males in this region face a similar set of issues common to many males in the greater western Sydney region. Its distance from the Sydney CBD means that many men have to commute for several hours a day to reach work, especially if they reside further up into the mountains. Both men and women can face difficulties brought on by unemployment, separation or loss, but our services' focus on the needs of men fills an important gap and provides the vital connections that men need to stay in life during times of trouble.

A series of articles has been written about the Mt Druitt shed – ***In Our Words***. The articles give personal accounts by clients of the Shed. See the first of this series here:

<http://www.mengage.org.au/men-s-sheds-research/the-shed-stories-in-our-words-buddy>.