

**Situational Approach to Suicide Prevention MHIRC. WSU ed Anthony Smith
Bulletin no. 6**

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 sixth edition of our Situational Approach to Suicide Prevention Bulletin. We are hopeful of a big 2019; certainly the response to the Situational Approach on the international stage is very encouraging.

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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Suicide Prevention and Mental Health Literacy - ADVOCATING FOR A NEW MULTISECTOR AND MULTIDISCIPLINARY APPROACH

Register your event for this year's Men's Health Week at <http://www.menshealthweek.org.au/events/submit-event>



International GP training in the UK

Situational Model Used for GP Palliative Care Education in UK

Dr John Ashfield PhD

Recently, in the context of palliative care education, I had the opportunity to address a group of 30 GP trainees. Using key elements of the *Situational Approach* proved to be very useful for addressing a number of issues, including: using non-pathologising language, redeeming common (albeit distressing) human experience from the reductionism of arbitrary psychiatric labelling, getting beyond simply diagnosing and prescribing by cultivating a *rational emotive sensibility* (capacity to think and feel one's way into patients' experience), avoiding prescribing psychotropic drugs as a first line approach, and realising that very simple non-interventive forms of support can significantly modify the contextual basis of a patient's experience and therefore their psychological wellbeing.

A sensitive topic was that of clinical iatrogenesis and how health practitioners can all too easily add to a patient's suffering by not paying due regard to their experience, personal history, their place in the world and the meanings they attribute to this. Hurriedly diagnosing mental disorder and

prescribing was a prime example given of *not* taking patients experience seriously, and of creating potential for harm, albeit unintended.

In Britain nine out of ten patients with mental health difficulties are managed in primary care, with one in three of all presentations to primary care involving some form of mental health difficulty or psychological distress. The picture in Australia is little different

There is a great need for GPs to be supported in primary care in knowing how to better respond to patients experiencing psychological distress. Expecting them to become practitioners of psychotherapy is hardly feasible, and reliance on pharmacotherapy will only ever render poor results for patients. The *Situational Approach* offers both a useful critique of the present circumstance and a constructive model for 'coming alongside' primary care in order to improve outcomes for patients.

Mental Health

- The alarming impact of the diagnostically-based paradigm of care on children

The current diagnostically-based paradigm of care – the medicalisation of common human experience – is not only having a dreadful impact on the lives of many adults, it is also having an alarming impact on children. The rates of diagnosis for 'mental disorders' for children are already very large and are increasing; likewise, the rates of prescription of antidepressant and anti-psychotic drugs for children are increasing. The rates and numbers are nothing short of alarming: The drugs being prescribed are harsh; even the United States Food and Drug Administration asserts that antidepressants increase the risk of suicidal thinking and behavior (suicidality) in children and adolescents with MDD (Mild Depressive Disorder) and other psychiatric disorders.

Rates of diagnosis for 'mental disorders' for children are very large and are increasing.

A federal government report (2015) shows an estimated 560,000 Australian children and adolescents were diagnosed with a 'mental disorder' and that this rate had increased considerably between the years 1998 and 2013-14.

THE MENTAL HEALTH OF CHILDREN AND ADOLESCENTS - REPORT ON THE SECOND AUSTRALIAN CHILD AND ADOLESCENT SURVEY OF MENTAL HEALTH AND WELLBEING

[http://www.health.gov.au/internet/main/publishing.nsf/content/9DA8CA21306FE6EDCA257E270016945/\\$File/child2.pdf](http://www.health.gov.au/internet/main/publishing.nsf/content/9DA8CA21306FE6EDCA257E270016945/$File/child2.pdf)

2.1 Overall prevalence of mental disorders in children and adolescents In the 12 months prior to the survey around one in seven (13.9%) children and adolescents aged 4-17 years experienced a mental disorder (Table 2-1). This is equivalent to an estimated 560,000 Australian children and adolescents. ADHD was the most common mental disorder overall, with 7.4% of children and adolescents assessed as having ADHD in the previous 12 months.

Anxiety disorders were the next most common (6.9%), followed by major depressive disorder (2.8%) and conduct disorder (2.1%). [Page 25]

14.1 Prevalence of selected mental disorders by sex and age group Between 1998 and 2013-14, the prevalence of major depressive disorder increased (from 2.1% to 3.2%), while the prevalence of conduct disorder and ADHD decreased (from 2.7% to 2.1% for conduct disorder and from 9.8% to 7.8% for ADHD). The proportion of 6-17 year-olds who had any of these three disorders decreased slightly from 12.2% to 11.1% (Table 14-1). [Page 137]

Rates of prescription of antidepressant and anti-psychotic drugs for children are increasing

As well as the concern about the increasing diagnoses for 'mental disorders' among children, a university of Sydney news article (2014) summarises research that shows there has also been an increase in the prescription of antidepressant and antipsychotic drugs to children.

Australian children and adolescents increasingly use psychotropic drugs: new study

<http://sydney.edu.au/news/84.html?newsstoryid=13670>

More Australians, particularly children and adolescents, are using psychotropic drugs, a University of Sydney study examining prescribing patterns shows.

The study examined trends across a four-year period from the start of 2009. Its results show Australia has one of the highest rates of psychotropic medication use in the world.

Psychotropic drugs are used to treat mood and behaviour disorders and include antidepressants, antipsychotics and ADHD medications.

The most rapid percentage increases over the study period were for antidepressant and antipsychotic drugs use by children aged 10-14 (35.5 percent and 49.1 percent respectively).

Read the paper at

Longitudinal trends in the dispensing of psychotropic medications in Australia from 2009–2012: Focus on children, adolescents and prescriber specialty

<https://journals.sagepub.com/doi/abs/10.1177/0004867414538675>

Many of the drugs that are being prescribed on a large scale to children in Australia are harsh and have serious side effects.

The U.S. Food and Drug administration open in their concern about this:

<https://www.fda.gov/drugs/drugsafety/postmarketdrugsafetyinformationforpatientsandproviders/ucm161679.htm>

Suicidality in Children and Adolescents Being Treated With Antidepressant Medications

- Antidepressants increase the risk of suicidal thinking and behavior (suicidality) in children and adolescents with MDD and other psychiatric disorders.

Our comment - So why are they still being prescribed to children, in such large numbers, by GPS, at all?

“Mental Health Awareness” and Schoolchildren

In an article published in Mad In America, Jo Ann Cook looks at the issue of mental health in the US school system.

<https://www.madinamerica.com/2019/03/mental-healthcare-in-schools/>

How “Mental Health Awareness” Exploits Schoolchildren

By [Jo Ann Cook](#) March 1, 2019

Excerpts:

Imagine being a mother at a meeting with educators to discuss Johnny’s academics or behavior. Suddenly, your child’s teacher is telling you that he needs to see a doctor for an assessment of a suspected “mental disorder,” which usually leads to a prescription for medication. Warned that “the risks against failing to intervene” may lead to negative outcomes—school failure, substance abuse, juvenile delinquency, poor employment prospects, and incarceration—you will likely acquiesce. Who would not want to spare their child from tragic life events?

Drugs now commonly taken by millions of school-age children, including [ADHD stimulants](#), [antidepressants](#), and [antipsychotics](#), have been shown to be harmful to the developing brain, as well as addictive. Although these risks are often unrecognized or downplayed in the media, books including Dr. Grace Jackson’s *Rethinking Psychiatric Drugs* and Dr. Peter Breggin’s *Medication Madness* offer detailed substantiation of the drugs’ modes of action.

Academic studies, court documents, FDA reports, and black-box warnings on drug information sheets present a disturbing picture of the short- and long-term health risks of these drugs, which are [frequently prescribed “off label”](#) for conditions unapproved for use in children. Adverse effects include hallucinations, hyperactivity, mania, addiction, depression, severe metabolic disturbances, heart disease and strokes, somnolence, akathisia, severe weight gain, metabolic syndrome, suicidal tendencies and completed suicides, and early death.

Read more at:

<https://www.madinamerica.com/2019/03/mental-healthcare-in-schools/>

ADVOCATING FOR A NEW MULTI-SECTOR AND MULTIDISCIPLINARY APPROACH

Another of the 'Situational Approach' – to suicide prevention and mental health literacy papers

ADVOCATING FOR A NEW MULTI-SECTOR AND MULTIDISCIPLINARY APPROACH

It is imperative that we reach beyond the status quo, not only for a fundamentally new approach to how we respond to psychological distress and mental health difficulties, but as well for how we engage in activities promoting suicide prevention, psychological well-being and appropriate mental health literacy.

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

From the paper:

There is a growing awareness that the mental illness ideology, which strongly associates mental illness with suicide, confuses and undermines effective suicide prevention efforts, because mental illness simply doesn't correlate with the majority of suicides, but rather with what has been termed: *situational distress*, which is often related to a particularly stressful situation or event, such as bereavement, a change in health status, relationship breakdown, financial, or occupational difficulties. This distress may significantly overlap with many of the symptoms usually taken to suggest mental 'illness' or 'disorder' (such as those associated with depression and anxiety). Even when distress is sometimes inexplicable, it still doesn't necessarily represent what can be justifiably termed, *illness or disorder*.

It is vital that suicide prevention and mental health literacy initiatives are informed afresh by expertise beyond our present mental health system and its underpinning assumptions. Already our proposed *Situational Approach* is gaining currency as a useful conceptualisation of a new approach to both these endeavours. However, for systemic and effective change to occur, a broad church of professional collaboration will be needed – including people with knowledge and skill-sets that have not always been co-opted for these endeavours – such as professionals with expertise in finance, vocational guidance, accommodation, relationship counselling and human services support.

Current suicide prevention and 'mental health' literacy thinking, and initiatives (exhibited by government and non-government organisations), have tended to be informed by a quite narrow field of expertise exclusively derivative of the status quo mental illness ideology, affecting policy, research, program design, and service delivery approaches. Hence the imperative of comprehensive change involving a much broader field of experts, disciplines, and perspectives, and one that places a premium on innovation that is preventative rather than oriented to late intervention and crisis intervention, most characteristic of current approaches.