



**Situational Approach to Suicide Prevention MHIRC. WSU**  
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**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.

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**Alliance for Situational Approach to Prevention of Suicide  
(ASAPS)**

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Men's Health Information Resource Centre at Western Sydney University is establishing the Alliance for Situational Approach to Prevention of Suicide. The acronym, ASAPS, carries with it the urgency of needing to take swift action on suicide prevention. We at MHIRC think that this is needed now more than ever as (with impact of COVID19) we see a surge in unemployment, one of the major factors linked to suicide in Australia. There is already evidence of increased calls to crisis helplines and increased suicide rates during the pandemic.

As a cross-sector approach, the Alliance is furthering the excellent initiatives already undertaken by partners in the insurance industry and men's health organisations around the country. There is also new knowledge around wellbeing and suicide prevention being generated by research in the sports industry, aged-care sector and human services sector that has the situational approach as its foundation.

The intention for ASAPs is to engage in important work such as building the website content on the situational approach, conducting online forums for organisations working in the suicide prevention sector to shift the focus to situational factors (such as unemployment, relationship breakdown, pending legal matters etc.), and to seek funding for research to build and promote evidence of best practice. The voice of consumers/service users is central to building this knowledge base, especially in promoting their resilience and the creative ways they have responded to the impact of changes to frontline service delivery. Integral to the Alliance is the participation of more interested partners and we would love to hear from you if you have a passion for this area.

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## COVID-19, unemployment, and suicide

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“Data from the economic crisis of 2008 showed that the increase in suicides preceded the actual rise in the unemployment rate. We therefore expect an extra burden for our mental health system, and the medical community should prepare for this challenge now. Mental health providers should also raise awareness in politics and society that rising unemployment is associated with an increased number of suicides. The downsizing of the economy and the focus of the medical system on the COVID-19 pandemic can lead to unintended long-term problems for a vulnerable group on the fringes of society. It is important that various services, such as hotlines and psychiatric services, remain able to respond appropriately” (Kawohl & Nordt, 2020). [View full text here.](#)

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## Suicides in Rural Australia

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A recent research by Kennedy et al., titled “Suicide in Rural Australia: Are Farming-Related Suicides Different?” proves that farming related suicides were less likely to have a diagnosed mental illness.

“Rural Australians experience a range of health inequities—including higher rates of suicide—when compared to the general population. This retrospective cohort study compares demographic characteristics and suicide death circumstances of farming- and non-farming-related suicides in rural Victoria with the aim of: (a) exploring the contributing factors to farming-related suicide in Australia’s largest agricultural producing state; and (b) examining whether farming-related suicides differ from suicide in rural communities. Farming-related suicide deaths were more likely to: (a) be employed at the time of death; and, (b) have died through use of a firearm. However, farming-related suicides were less likely to (a) have a diagnosed mental illness and, (b) have received mental health support more than six weeks prior to death. A range of suicide prevention strategies need adopting across all segments of the rural population irrespective of farming status. However, data from farming-related suicides highlight the need for targeted firearm-related suicide prevention measures and

appropriate, tailored and accessible support services to support health, well-being and safety for members of farming communities. [View Full-Text](#)"

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## Connect 2020 – Suicide Prevention Australia

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Connect 2020 is Suicide Prevention Australia's webinar series. The webinar series connects thought leaders and innovators to share ideas and support our vision of a world without suicide. The webinars will explore a range of topics including mentally healthy workplaces, Men's' health, carers and postvention. Attendees at all eight webinars will receive an official certificate of completion. Read more: [www.suicidepreventionaustralia.org/connect-2020](http://www.suicidepreventionaustralia.org/connect-2020)



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## Reference

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1. Kawohl, W., & Nordt, C. (2020). COVID-19, unemployment, and suicide. *The Lancet Psychiatry*, 7(5), 389-390.
2. Kennedy, A., Adams, J., Dwyer, J., Rahman, M. A., & Brumby, S. (2020). Suicide in rural Australia: are farming-related suicides different?. *International journal of environmental research and public health*, 17(6), 2010.

## Men's Shed

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