Situational Approach to Suicide Prevention – Monthly Bulletin – Issue 13

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.

Contents of this issue:

The role of Situational Distress in Suicide Deaths

There is a situational context relevant to every suicide death.

Extensive research shows that many people who kill themselves have no history of mental disorder [1], and / or are impacted by difficult social circumstances [2] . The majority of people who kill themselves have been in circumstances likely to cause enormous stress in their lives such as unemployment – in fact, the majority of all suicide deaths in Australia are people of working age who were not employed at the time of their death [3]. It is high time that this issue was considered as a key priority and given the attention in suicide prevention efforts that are warranted given the large numbers of suicide deaths every year among the unemployed.

People suffering high intensity psychological distress may be at elevated risk of suicide. This may be experienced as acute distress; however, it is vital to understand that this distress is often caused by

or compounded by their social and financial circumstances and that this may precipitate a state of despair or hopelessness. Such people may be much in need of and may benefit from timely and competent professional support. But not in any case is this alone enough to justify a diagnosis of a clinical mental disorder and to reduce the scope of support to health / mental health professionals [4].

> Nearly all suicides have experienced at least 1 (usually more) ***adverse life event*** within 1 year of death, and this is concentrated in the last few months prior to death [2]

The Situational Approach to Suicide Prevention

Men's Health Information and Resource Centre (MHIRC) WSU

Suicide is a serious public health issue in Australia and in many other countries. There are substantially more men than women taking their own lives.

There are a variety of approaches to address prevention. Many stress the need for men to speak, to get in touch with their feelings and to seek help.

MHIRC takes the position that speaking about what is happening is important, often as a first step to doing something about the causes of the distress. But there is little evidence that talking in itself will take away the feelings, let alone the cause of these feelings.

Our research and experience support the position that we must try to address the issues which are pushing the person towards suicide. These can often be relationship issues, problems with the courts, joblessness, separation for house, family. The issue must be acknowledged, and the distressed person helped to "solve" it, or them, often starting with the life circumstance which is experienced as most pressing. These are the social determinants of suicide and the approach has been endorsed by Ms. Christine Morgan, the National Suicide Prevention Advisor who stresses the importance of the social determinants, naming as examples housing, employment, education and alcohol and drugs (https://radio.abc.net.au/programitem/pgO7ka1Ba6).

Staggering figures - mental health-related drug prescriptions in Australia

The Australian Institute of Health and Welfare – Mental health services in Australia Report

https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/medicare-services

For the year 2017–18, a staggering 4.2 million people received mental health-related drug prescriptions in Australia.

Mental health services in Australia is a part of the Australian government's Australian Institute of Health and Welfare (AIHW). The report earlier this year showed that 4.2 million people received mental health-related drug prescriptions - such as anti-depressants, anti-psychotics and anxiety medications - over the period 2017 – 18.

There are a number of astounding facts from this report:

That while 4.2 million received drug prescriptions for their 'mental illness' only 2.1 million got a mental health plan from their GP. This means that for over 2 million people in Australia, in just one year, the extent of their treatment for 'mental health' issues is limited to taking harsh drugs

And this: Consider the magnitude of the business and profit – for that same year, **37.7 million** mental health-related prescriptions (subsidised and under co-payment) were provided.

Some key points from the report (available on the AIHW website):

Key points – (Prescriptions)

- **37.7 million** mental health-related prescriptions (subsidised and under co-payment) were provided in 2017–18.
- **4.2 million patients (16.8% of the Australian population)** received mental health-related prescriptions, an average of 9.1 prescriptions per patient, in 2017–18.
- **64.0%** of all mental health-related prescriptions were subsidised by the PBS/RPBS in 2017–18.
- **86.8%** of the mental health-related prescriptions were prescribed by GPs; **7.8%** prescribed by psychiatrists; **4.4%** prescribed by non-psychiatrist specialists in 2017–18.
- **70.0%** of all mental health-related prescriptions were Antidepressant medications in 2017–18.

Key points (General Practice)

- According to the BEACH survey, around **12.4%** of all GP encounters were mental health-related in 2015–16, an increase from 10.8% in 2007–08.
- ***Depression*** was the most commonly managed problem during a mental health-related estimated GP encounter (about one-third, or 32.1%).
- The most common management of mental health-related problems was for the GP **to prescribe, supply or recommend medication** (61.6 per 100 mental health-related problems managed).
- **People aged 65+** had the highest rate of encounters of all the age groups (1,198.2 per 1,000 population), compared to a national rate of 749.9.

America's rising suicide rate

The American Journal, the Economist, has published a strong article about suicide in the United States. Much of the content is applicable to Australia.

> …given that more than half of suicides involve people not diagnosed with a mental health condition, the CDC [Centres for Disease Control]suggests the need for a greater focus on "non-mental health factors further upstream" including causes of financial distress.

https://www.economist.com/democracy-in-america/2018/06/15/americas-rising-suicide-rate

> *Research suggests that poor, white men may be particularly at risk.*
>
> THIS month, the Centres for Disease Control (CDC) released a report suggesting that America's suicide rate increased by 25% between 1999 and 2016. The climb is from a historic low at the turn of the millennium and American suicide rates overall are still not significantly above those of other high-income countries. Nonetheless, World Health Organisation estimates suggest that out of its 183 member countries the United States had the seventh largest percentage increase in suicide rates between 2000 and 2016. Every suicide can have multiple causes, and the CDC does not offer a simple explanation for the rise. But other research suggests that one factor behind the rising suicide rate is an erosion of the privileged status of white men.
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> Nearly 45,000 Americans took their own lives in 2016, and suicide is an important part of the rising number of "deaths of despair" (also including drug overdoses and liver disease) described by Anne Case and Angus Deaton, economists. These causes of death have increased the overall mortality rate amongst white men without a college degree. Both absolute levels of suicide per 100,000 people and recent increases are particularly high amongst those aged between 45 and 64. The male suicide rate remains almost four times that for women, and suicide rates for whites are higher and have been climbing faster than those for other racial and ethnic groups.
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> But given that more than half of suicides involve people not diagnosed with a mental health condition, the CDC suggests the need for a greater focus on "non-mental health factors further upstream" including causes of financial distress.

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References:

[1] 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

[2] Foster, T. (2011). Adverse Life Events Proximal to Adult Suicide: A Synthesis of Findings from Psychological Autopsy Studies. Archives Of Suicide Research, 15(1), 1-15. doi: 10.1080/13811118.2011.540213

From **Abstract**:

Nearly all suicides have experienced at least 1 (usually more) adverse life event within 1 year of death (concentrated in last few months). Controlled studies have revealed specific life events, notably interpersonal conflict, as risk factors for suicide with some evidence of a dose-response effect. Some of the risk is independent of mental disorder.

[3] Saar, E., Burgess, T. Intentional Self-Harm Fatalities in Australia. 2001 – 2013. Data Report DR16 – 16 (2016) National Coronial Information System. See Table 1: Intentional Self-Harm Fatalities in Australia by Employment Status and Age Range http://malesuicidepreventionaustralia.com.au/wp-content/uploads/2017/01/NCIS-Report-2016_FINAL.pdf

[4] Ashfield, J., Macdonald, J. and Smith, A. "A 'Situational Approach' To Suicide Prevention". (2017): n. pag. Web. 31 May 2017. https://doi.org/10.25155/2017/150417 See page 6

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