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.

We would like to acknowledge the challenging times we are all facing as a result of the emergence of COVID-19 in Australia. With the safety and well-being of our communities at front of mind, we are not encouraging the community events for Men's Health Week this year in accordance with the current NSW Health recommendations. We will be announcing the alternative methods to campaign and promote Men's Health Week soon with the anouncment of Theme of Men's Health Week 2020.

Covid-19 Support

This is an unprecedented time, on top of what has already been a difficult few months for many. We know that social connection is a crucial component to community recovery after a disaster, and that the social distancing recommendations may highlight feelings of isolation for some. Our daily norms continue to be disrupted and it can be difficult to get back on track.

During this time we encourage you to reach out to the supports available to you.

Beyond Blue have developed a number of resources and supports to assist people throughout this challenging time, including:

- A dedicated 'Coping with the Corona Virus' thread in online forums
- Practical tips and advice about managing feelings of uncertainty, stress and anxiety associated with the coronavirus outbreak, and links to several reliable information sources

If you're feeling distressed or overwhelmed, Beyond Blue mental health professionals are available 24/7 at the Beyond Blue Support Service on 1300 22 4636 for online chat (3pm-12am AEST) and email (responses within 24 hours).

For immediate crisis support call Lifeline on 13 11 14 and in an emergency, always call triple zero (000).

A FACT SHEET resource - SUICIDE PREVENTION AND MENTAL DISORDERS - presents some important information that is often over-looked in the current approach to suicide prevention in Australia.

It is vital for effective suicide prevention that information that is presented to the community gives a a reliable and forthright account of the key issues and factors involved in suicide deaths.

The FACT SHEET is fully referenced and can be found at:
http://malesuicidepreventionaustralia.com.au/wp-content/uploads/2019/11/Situational-Approach-Fact-Sheet-Nov2019.pdf

Contents

COVID-19 Global Men's Health update:

Our friends at Global Action for Men's Health (GAMH) have provided an international update on some of the links between coronavirus (COVID-19) and gender in their latest news bulletin.

Last month, GAMH reported evidence from China suggesting that mortality rates from COVID-19 in men were almost twice as high as in women. The proportion of male deaths from the virus in Italy has been even higher: of the 827 deaths recorded by 11 March, 80% were male.

This pattern, if confirmed over a longer time period, would be consistent with what epidemiologists observed during the SARS and MERS outbreaks. In the 2003 SARS outbreak in Hong Kong, for instance, nearly 22% of infected men died, compared to around 13% of women. In an analysis of MERS infections between 2017 and 2018, around 32% of men died, and nearly 26% of women. **More Information can be found at http://gamh.org.**

Men's health initiatives scale back in face of coronavirus:

A number of men's health initiatives have begun to scale back their programs in response to the coronavirus (COVID-19) pandemic. Australian Men's Health Forum (AMHF) has published the details of changes in the events by various men's health organisation across the country. More details can be found at:
https://www.amhf.org.au/men_s_health_initiatives_scale_back_in_face_of_coronavirus

AMHF is keen to hear from men's groups and men's health initiatives about the impact that coronavirus is having on your work. The Australian Men's Health Forum invites you to fill out this 19-question survey, which seeks to find out what impact COVID19 is having on you, your organisation, staff and/or volunteers and the men's health sector you represent.
https://www.amhf.org.au/how_are_men_s_groups_responding_to_covid_19

SUICIDE PREVENTION AND MENTAL DISORDERS

The toll of suicide deaths in Australia continues to rise – despite substantial funding provided to the suicide prevention sector. Is the suicide prevention funding being used appropriately? It's clearly not effective in reducing suicide deaths.

Also now at alarming levels and continuing to rise: The numbers of diagnoses for depression and the numbers of prescriptions for anti-depressants.

These two points are integrally related.

A. Facts at a Glance

Suicide – Rates and Numbers

- Suicide deaths in Australia now amount to around 3,000 per annum (3,046 in 2018)
- There is common agreement in Australia that the suicide figures are considerably under-reported
- There are a range of factors that contribute to suicide deaths
- The majority of all suicide deaths are people who are not employed
- The majority of Australian suicide deaths are city dwelling adults
- There are significant gender differences in suicide deaths and intentional non-fatal self-harm

Economic Cost

- As well as the enormous social cost of suicide deaths, there is an enormous economic cost
- There is a significant cost burden on the insurance industry due to suicide

• Current suicide prevention programs and campaigns are costly, and largely ineffectual

Depression/Mental Disorder

• The rate of anti-depressant use in Australia is amongst the highest in the world

• There is a great deal of disagreement in expert opinion over the effectiveness and dangers of anti-depressants

• Workplace 'mental disorder' claims are misleading because they are due largely to work place stress

• Clinically diagnosed psychiatric disorders are a factor in only a relatively few suicide deaths

Deficits of current approach

• There are significant shortcomings in the scope of current suicide research

• There is growing concern about the significant deficits within the current approach to suicide prevention Australia

B. Information about these facts

Suicide deaths in Australia now amount to around 3,000 per annum. (3,046 in 2017) [1]

This is about twice the rate of fatalities from all motor vehicle accidents and all homicides combined. These numbers have been rising steadily for a decade or more – despite the substantially increased funding into the suicide prevention/mental health sector over this period.

There is common agreement in Australia that the suicide figures are considerably under-reported.[2]

It is generally agreed that the suicide figures are under–reported by 20-30%.

There are a range of factors that contribute to suicide deaths.

These include unemployment, relationship breakdown, isolation, financial stress, history of self-harm, drug and alcohol abuse, and mental health difficulties [3]

The majority of all suicide deaths are people who are not employed[4, 5] add link for Saar ref

Suicide deaths among those who are not employed account for at least 55% of all suicide deaths of people of working age. 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 4, 5 . International research shows that unemployment is a significant factor in suicides in many Western Countries [6] and that providing appropriate support for those who are not employed can impact on suicide rates [7, 8].

Our comment: There is strong evidence of the significant role that factors such as unemployment and relationship breakdown have in suicide deaths. Unless we

- prioritize these factors and apply considerable funding and energy to address these, and
- revise the predominance we give to 'mental health' especially depression and anxiety

it is likely that the toll of suicide deaths will continue to rise.

over half (54.18%) of all suicide deaths in Australia. In general, the rural rate for suicide deaths is higher than for metropolitan areas. However, this is a considerable generalisation: rates of suicide deaths vary enormously if measured by local government areas for both rural and metropolitan areas. Some metropolitan areas have both higher rates of suicide deaths as well as considerably higher numbers of suicides than many rural areas.

Our comment: There is a great deal of attention given to rural suicide rates - and rightly so. There is wide=spread acute distress in rural communities as a result of factors such as sustained droughts and changes in agricultural practices.
There are also high levels of unemployment in many regional areas that also needs attention.

BUT – we need every bit as much attention given to metropolitan areas with high suicide rates – but with far greater numbers of suicide deaths.

If we don't give appropriate attention to suicide prevention in metropolitan areas it is likely that the toll of suicide deaths will continue to rise.

At least 75% of all suicide deaths in Australia are men1; most incidents of intentional non-fatal self-harm are female[11]. Acknowledging gender difference and developing strategies to suit is vital if we are to reduce the numbers of suicide deaths and incidents of intentional non-fatal self-harm.
Many men (probably the great majority) who kill themselves do so at their first attempt [12]

Our comment:
In order to address the terrible toll of male suicide deaths in Australia we need strategies that are evidence based and appropriate to men in distress. Much of the current messaging is simplistic and not helpful. We need to revise the use of commonplace messages such the 'talk to someone' idea and to avoid promoting unhelpful stereotyping such as the idea of 'toxic masculinity'. Recent research shows that many men report negative experiences from their contact with support services.

From the Melbourne Age October 18, 2019:

> *These men reflected on how opening up resulted in them feeling like they weren't taken seriously, had lost respect or were made to feel embarrassed or weak for doing so. Even more worryingly, over half of these men (53 per cent) said that this negative experience would prevent them from sharing again.*

https://www.theage.com.au/lifestyle/life-and-relationships/we-tell-men-to-open-up-more-but-are-we-ready-to-listen-20191017-p531mg.html

Links to useful papers and resources:

Male Suicide Prevention Australia – Resources
http://malesuicidepreventionaustralia.com.au/resources/resources/

Mad in America – Science, Psychiatry and Social Justice
https://www.madinamerica.com/

PsychWatch Australia – Scrutinising Mental Health Policy + Practice
https://www.psychwatchaustralia.com/

Torrens University – Social Health Atlases
http://www.phidu.torrens.edu.au/social-health-atlases/maps#social-health-atlases-of-australia-local-government-areas

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[10] Raven, M., Smith, A., Jureidini, J. Suicide and Self-Harm in Australia – A Conceptual Map. (2017) Conference Presentation, RANZCP. Adelaide SA, May 2017.

For research evidence of gender difference across self-harm and suicide deaths – See : http://malesuicidepreventionaustralia.com.au/wp-content/uploads/2017/05/Suicide_and_Self_Harm_in_Australia.pdf

http://malesuicidepreventionaustralia.com.au/wp-content/uploads/2017/05/MSP_Table_May17_FINAL.pd

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Men's Shed

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