Situational Approach to Suicide Prevention MHIRC. WSU ed Anthony Smith

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 seventh edition of our Situational Approach to Suicide Prevention Bulletin**.** 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**.**

Contents of this issue:

Mortality of People Using Mental Health system and Prescription Medications

A 2017 ABS Report **Mortality of People Using Mental Health system and Prescription Medications** highlights significant concerns about the consequences of treatment within our mental health system. A major concern is that, not only is the general death rate higher for people who access the mental health system for treatment than the general population, but the suicide rate (intentional self-harm) was more than ***three times higher*** than the standardised death rate for intentional self-harm amongst the total Australian population. Despite this we spend huge amounts of money trying to convince people in distress to 'talk to someone'. Unfortunately, that 'someone' is generally inferred to be a GP, and a GP consultation process for people in emotional / psychological distress places them within the 'mental health' system.

A selection of key findings from the report:

- The standardised death rate for persons who accessed mental health-related treatments in 2011 was almost twice (1.9 times) that of the standardised death rate for the total

Australian population (11.4 deaths per 1,000 population compared with 6.1 deaths per 1,000 population respectively).

- Consistently higher rates of mortality amongst persons who accessed mental health-related treatments in 2011 were evident across a range of other socio-demographic characteristics such as age, geography, socio-economic status and cause of death when compared with the total Australian population.

- The standardised death rate for males aged 15-74 years who accessed mental health-related treatments in 2011 was almost three times (2.9) higher than that of all males of the same age in the total Australian population (11.2 deaths per 1,000 population compared with 3.8 deaths per 1,000 population).

- The standardised death rate for Intentional self-harm for persons who accessed mental health-related treatments was more than three times (3.3) higher than the standardised death rate for Intentional self-harm amongst the total Australian population (34.4 deaths per 100,000 population compared with 10.5 deaths per 100,000 population respectively).

A summary of key findings can be found at:

https://www.abs.gov.au/ausstats/abs@.nsf/0/EB5F81AAC6462C72CA2581B40012A37D?Opendocument

Medicalisation-nation: Australia's growing public policy dependence on drugs

A recent article by Brenton Prosser in the Mandarin online newsletter is worthy of consideration. Prosser investigates the important political context of policy making with respect to theoretical under-pinning of the mainstream approach to key health issues; especially as it relates to the suicide prevention and appropriate support for people in emotional / psychological distress.

https://www.themandarin.com.au/104498-medicalisation-nation-australias-growing-public-policy-dependence-on-drugs/

From the article:

So, how do we respond to the perhaps unintended but influential drift toward medicalisation in Australian public policy?

First, we need to remember what is already known—social determinants are significant barriers to otherwise successful clinical, health and social outcomes. This insight challenges the logic of drug-only responses. We need to advocate further funding for client coordination as the backbone to integrated services. This is particularly important for the poor and most vulnerable in our community. But the support for client coordination and addressing the social determinants of health and wellbeing will also reduce the costs of support over the long term and maximise opportunities over a lifetime.

We will also need greater community education and genuine opportunity for collaboration across medical, health and social service professions. Health and social service providers need to form strong relationships with PHNs, GPs, pharmacists and others who help inform the community and coordinate holistic service delivery.

Finally, we need to explore specific investment in public health and social services research, to demonstrate the significant contribution made by these professions and complement the insights from clinical and medical research.

Primary Health Networks caught between a rock and a hard place

The Primary Health Network (PHN) system is a key part of the administration of health in Australia. However, serious concerns have been expressed from community members around the county about how the PHN system operates, particularly as it relates to suicide prevention and the appropriate support for people in psychological distress. Supporting this general concern about the operation of PHNs, a recent article in the Mandarin on line newsletter suggests that the PHN system is vulnerable to ideological influence. While the sphere of activity referred to in the article is not specifically suicide prevention / mental health, consistent anecdotes from around the country suggest strongly that ideological influences impact on activity at the community level and stifle community initiative.

https://www.themandarin.com.au/105124-primary-health-networks-caught-between-a-rock-and-a-hard-place/?utm_campaign=TheJuice&utm_medium=email&utm_source=newsletter

Primary Health Networks caught between a rock and a hard place

By Karen Gardner • 08/03/2019

While PHNs are widely regarded as having significant potential to improve services at the local level[7,8], they have also been seen as "a tool for implementing a political ideology about contestability and competition and as a means to shunt off hard decisions about priorities in the face of growing needs and diminishing resources" (Russell and Dawda)[9].

How big pharma gets what it wants

https://www.theage.com.au/national/lyrica-pfizer-and-how-big-pharma-gets-what-it-wants-20190211-p50x1z.html

The Age

Lyrica, Pfizer, and how big pharma gets what it wants

By Liam Mannix

March 23, 2019 — 8.04pm

> An investigation by *The Age* revealed Pfizer's 'safe, non-addictive' nerve-pain pill was highly addictive, dangerous when taken with other drugs, and came with a range of nasty side-effects - including suicidal thoughts.
>
> The drug has been linked to more than 250 drug overdose deaths and six suicides. More than 85,000 Australians are abusing pregabalin, according to one study. Concerned doctors are scrambling to deal with the fallout.
>
> "Now everyone is on it for everything," says Professor Rachelle Buchbinder, a leading back pain doctor. "I spend my whole day taking people off it."

Mental Health Concerns Not "Brain Disorders," Say Researchers

https://www.madinamerica.com/2019/03/mental-health-concerns-not-brain-disorders-say-researchers/

By
Peter Simons
March 13, 2019

The latest issue of the journal Behavioral and Brain Sciences features several prominent researchers arguing that mental health concerns are not "brain disorders."

The journal *Behavioral and Brain Sciences* features several prominent researchers in its latest issue debunking the notion that mental health concerns are "brain disorders." It begins with a paper by researchers in the Netherlands arguing that neurobiology will never convincingly explain any mental health concerns. The rest of the issue includes dozens of commentaries by influential researchers, some supporting the initial premise, and others attempting to argue against it. In response, the initial study authors point out that none of the responses can provide any convincing evidence that neurobiological reductionism has succeeded in a meaningful way.

https://www.madintheuk.com/2018/11/are-1-in-8-children-and-young-people-really-mentally-disordered/

Consultant clinical psychologist Dr Lucy Johnstone

Cautioning against the use of the language of illness and disorder to describe what can be seen as children and young people's understandable responses to life circumstances.
Watch the interview here: https://www.facebook.com/safelyheldspaces/videos/309548212990412/
The report gave much evidence that many of these children and young people are facing difficult events such as parental separation and bullying, and come from families that are struggling emotionally and financially. Dr Johnstone said that in these contexts it may make little sense to call children's reactions 'illnesses' or 'disorders', and indeed doing so may add to their sense of shame,

stigma and failure. Mental health organisations A Disorder for Everyone (AD4E) and Safely Held Spaces (SHS) both point out that there is little evidence that these very real and difficult experiences are best understood as disorders and illnesses caused primarily by chemical imbalances or genetics. They can instead be seen as the result of different interacting factors: there is a great deal of research showing that these experiences of mental and emotional distress are related to life events such as trauma, loss, neglect and abuse, as well as wider social factors such as unemployment, discrimination, poverty and inequality

Launch of Mad in Sweden

https://www.madinamerica.com/2019/03/launch-of-mad-in-sweden/

Launch of Mad in Sweden

> While the National Board of Health predicts continuing increases in both psychiatric diagnosis and prescription of psychiatric drugs, the diagnosed 'mental illness' among Swedish children and adolescents also tends to be prolonged. According to the National Board of Health's report, "The development of mental illness among children and young adults," those children and young people who are diagnosed with depression or anxiety disorder, and those who are cared for in specialized mental care, end up with long-term mental illness and continuing needs for psychiatric care and psychiatric drug treatment. Even the risk of suicide attempts and suicide is significantly higher for this group of children and young people than for the rest of the population.

https://www.abs.gov.au/ausstats/abs@.nsf/0/EB5F81AAC6462C72CA2581B40012A37D?Opendocument

In Our Words

In Our Words is a series of articles written be clients from the Mt Druitt shed, a suicide prevention initiative in the west of Sydney

In Our Words - Buddy

I lived down here once and then I lived & worked in Port Macquarie, but had some trouble with drugs and drug court and jail. I moved back here because I was sick of going to jail. Then the kids' mum was on drugs and her mum started to live with us and it went downhill. She was giving her money to go get drugs while I was at work.

I knew about The Shed but because I'm so quiet I never used to come here. When I moved back here, I thought 'I won't associate with no one - I'll just work and stay with my kids'. Otherwise you

end up picking out the drug friends again. But when the kids got removed, I came up here and saw Rick and they just helped me. That was about 18 months ago.

It was a bloody mess. I've been through criminal court but never been through DOCS. First, I rang up and made all these appointments to see what I had to do to get my kids back. The kids' mum was saying we have to stay together, but I came up here and they were saying to get my kids back, separation might be better. I grew up without a mum and dad, so I thought, I don't want my kids going through that. First the court said I wasn't getting them back, even after separation. I was in shock. I came here again and they made some phone calls to the solicitors and said things have changed. They really had my back and got people to understand my story and then we went back to court. In the morning, they said it was still no deal in the morning. but then next minute, it went to court room and there was no hearing at all. The judge just told DOCS to give me the kids back. If it wasn't for Rick and The Shed, I wouldn't have got the kids, honestly. Like, if I didn't get them back; I was thinking am I going to get back on the drugs again?

So, from The Shed I learnt not to give up. It's just all positive stuff. They know who is serious here and who's not serious. If they see someone here who is serious, they will work with them and try their hardest. It's like there is a 100 Ricks – I don't know how he does it all. He does a lot of bloody work. I've been put in touch with a lot of other services and that's been a big help.

There's' been domestic violence too – but that was after I had about 18 months of copping abuse years ago, and then I abused, but I changed as soon as I had the kid. I promised that I'm not going to be one of those fathers that go to jail, and the kids come to jail. And I haven't done that. I haven't gone back to jail ever since. The passion of the people at The Shed keeps them going and it keeps me going.