

Situational Approach to Suicide Prevention - MHIRC. WSU ed Anthony Smith

Bulletin no. 10

We are pleased to be able to say that we may be having some influence in how we think about suicide. As a result of people reading the Bulletin, we are being approached from people around the country to discuss and publicise our views. Two recent examples:

1. September 2 we were featured in the Mercury (Hobart) newspaper
<https://www.themercury.com.au/news/opinion/talking-point-suicide-is-about-more-than-mental-illness/news-story/4eb34e82c4a90713e9910177d39614d2> You can access through the MHIRC Facebook link <https://www.facebook.com/westsydumhirc>

Talking Point: Suicide is about more than mental illness

2. **September 12** - a radio interview for Dads on the Air [to be aired Sept 12]

A Paradigm Shift in Suicide Prevention

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.

The approach is being promoted by Mengage at MHIRC (WSU)

The Situational Approach Bulletin is published monthly on Mengage.

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Publicity of the Situational Approach

1. From the Mercury newspaper, Monday September 2 2019

Talking Point: Suicide is about more than mental illness

<https://www.themercury.com.au/news/opinion/talking-point-suicide-is-about-more-than-mental-illness/news-story/4eb34e82c4a90713e9910177d39614d2>

Excerpts:

Australia's approach to suicide prevention must focus on social issues and life events that contribute to tragedy, explain NEIL HALL, JOHN MACDONALD and ANTHONY SMITH.

We all know how important an issue suicide prevention is, given that about eight people every day in Australia take their own lives.

We all know the crucial role that crisis services play in giving people someone to talk to when they are feeling suicidal, and the range of other services that support the families and friends of those who have taken their lives.

However, to really get to the heart of preventing suicide, we need to pay additional attention to the broader preventable social factors that contribute to suicide.

For example, we know that 75 per cent of completed suicides are by males, therefore gender is a contributing factor.

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For example, we know that of all those who completed suicide, more than 65 per cent were not employed at the time; some of those in rural/regional areas having lost their livelihood through drought and farm closures, and some people having experienced loss of a loved one through death or relationship breakdown.

The current conflation of mental illness and suicide (putting the main focus on "illness") has distracted much suicide prevention activity from its most important focus: the broader risk-associated spectrum of social determinants: highly challenging — albeit common — life events and consequent experiences.

The Situational Approach is not just an idea about factors outside mental health. It challenges fundamental deficits in the narratives and practices of suicide prevention and the health system — deficits that are systemic, pervasive, and deeply entrenched.

Suicide is a significant and hugely costly public health issue, which a public health approach (not just a clinical one) is needed; one that recognises the potentially greater impact of a whole of population approach to prevention, rather than a merely individual problem-oriented approach focused on treating people with serious mental health difficulties.

2. **September 12** - a radio interview for Dads on the Air [to be aired Sept 12]

<http://www.dadsontheair.com.au/>

A Paradigm Shift in Suicide Prevention

Anthony Smith ... in conversation with Bill Kable

A man takes his life by suicide. Must be depression, right? Wrong. That thinking has not helped reduce the suicide pandemic that we currently face where 8 Australians kill themselves every day and 6 of them are male. The cost in Australia is estimated at 4% of GDP. Anthony Smith has addressed at a recent conference the problem of whether we can reduce the number of suicides in Australia. His approach focusses on the situation rather than an assumed mental illness usually treated with drugs.

3. **A message from the National Suicide Prevention Adviser**

"We need to review our current approach and ensure that those who find themselves in despair get immediate and effective support – regardless of whether they are connected to health services or not. But we also need to actively seek to understand and reduce the factors that contribute to despair and suicidal thoughts. This means looking towards the social determinants of suicide, and effective policy shifts as well as interventions that can reduce their impacts. Recent research by the ABS showed that while many people who die by suicide experience mental illness, other health and psychosocial risk factors are also important. Things like past history of self-harm, alcohol and other drug problems, relationship issues, legal issues, unemployment, homelessness, disability, bullying, loss of a loved one and impacts of chronic health conditions."

Read the full message here:

<https://www1.health.gov.au/internet/main/publishing.nsf/Content/mental-national-suicide-prevention-adviser>

Social Determinants of Mental Health

There is strong recent published research that supports the argument that suicide prevention efforts have been severely diminished because of the pervasive nature of the 'mental illness' ideology.

One example of this research, **The impact of socioeconomic factors on mental health and the case for collective action**, shows the strong evidence linking socio-economic disadvantage with distress (poorer 'mental health') and discusses how the current approach disregards crucial evidence; '... the

dominance of medical, psychiatric and psycho-logical perspectives on mental health from the 1970s onwards has distracted from socioeconomic factors.'

The impact of socioeconomic factors on mental health and the case for collective action

ABSTRACT

A clear link exists between social and economic inequality and poor mental health. There is a social gradient in mental health, and higher levels of income inequality are linked to higher prevalence of mental illness. Despite this, in the late 20th and early 21st century, psychiatric and psychological perspectives have dominated mental health research and policy, obscuring root socioeconomic contributors. Drawing on contemporary research on the social determinants of mental health, with particular reference to Europe and the U.S., this paper argues that a sharper focus on socioeconomic factors is required in research and policy to address inequalities in mental health. Current attempts to move this direction include: evaluation of the impact of economic policies on mental health, community-based partnerships, increased professional awareness and advocacy on socioeconomic factors. This necessitates greater understanding of the barriers to such actions. This paper argues that advancing 'upstream' approaches to population mental health requires an interdisciplinary research vision that supports greater understanding of the role of socioeconomic factors. It also demands collective cross-sectoral action through changes in social and economic policy, as well as economic frameworks that move beyond an exclusive focus on economic growth to embrace collective and societal wellbeing.

Macintyre, A., Ferris, D., Gonçalves, B., & Quinn, N. (2018). What has economics got to do with it? The impact of socioeconomic factors on mental health and the case for collective action. *Palgrave Communications*, 4(1). doi: 10.1057/s41599-018-0063-2

<https://www.nature.com/articles/s41599-018-0063-2>

A major review shows clearly the range and extent of published research supporting the importance of social determinants in the consideration of people's psychological and emotional well-being.

Social determinants of mental health: a review of the evidence

http://scielo.isciii.es/scielo.php?script=sci_arttext&pid=S0213-61632016000400004

Conclusions Most of the 150 studies included reported associations between at least one sociodemographic or economic characteristic and mental health outcomes. There was large variability between studies concerning methodology, study populations, variables, and mental illness outcomes, making it difficult to draw more than some general qualitative conclusions. This review highlights the importance of social factors in the initiation and maintenance of mental illness and the need for political action and effective interventions to improve the conditions of everyday life in order to improve population's mental health.

Silvaa M., Loureirob A., Cardosoa G. Social determinants of mental health: a review of the evidence 2016 *Eur. J. Psychiat.* Vol. 30, N.º 4, (259-292)

It is worth browsing through the extensive reference list for this review to see just how widespread this supporting research is. It raises serious question about the integrity of researchers and research funding the processes that have disregarded this research in order to push the 'mental health' ideology and influence public understanding and opinion on suicide prevention.

If we want to more effectively address suicide we need to BOTH

- a. develop appropriate activities that suit the needs of people in distress, such as the Mt Druitt shed, and to further develop these as models for replication, and
- b. vitally importantly, be able to articulate and show the evidence how the current approach (the bio-medical / mental illness ideology) thoroughly stifles the possibility of effective suicide prevention work.

This Bulletin is an important part of this process in Australia

The Silent Crisis of Men's Mental Health

World-wide men kill themselves three to eight times more frequently than women. In Australia the ratio is currently about 3 times or more the number of adult men who kill themselves compared with women. However there has been a history of disregard for this issue. The impact of this enormous tragedy is far greater than just the men themselves; there is an enormous burden of grief on the families, work colleagues and friends as well. The scale of this tragedy, now over 3000 deaths per year (2,348 males and 780 females in 2017 – at the very least) has become an enormous economic burden for the nation.

Several recent strong published articles add to the call for a more appropriate response to the heartbreak of male suicide.

A strong editorial piece in the *Acta Psychiatrica Scandinavica* '**Suicide in men: the time is ripe for active scientific investigations**' highlights the importance of placing a suitable amount of energy and funding into the issue of adult male suicide because of the sheer magnitude of the tragedy.

Suicide in men is a vital issue in men's health care, as it has reached epidemic proportions. This places an ethical responsibility on researchers and clinicians to try to understand this epidemic and prevent these tragedies. We need to know more about why this is happening. We have a moral obligation to help men and the women and children who love them.

Sher, L. (2018). Suicide in men: the time is ripe for active scientific investigations. *Acta Psychiatrica Scandinavica*, 137(4), 275-276. doi: 10.1111/acps.12861

<https://onlinelibrary.wiley.com/doi/epdf/10.1111/acps.12861>

The Silent Crisis of Men's Mental Health

Affleck, W., Carmichael, V., & Whitley, R. (2018). Men's Mental Health: Social Determinants and Implications for Services. *The Canadian Journal Of Psychiatry*, 63(9), 581-589. doi: 10.1177/0706743718762388

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6109884/>

Conclusion

Attention to men's mental health has been increasing in recent years. Hitherto, men's mental health issues have often been explained through deficit-based models, frequently involving victim blaming. In this article, we propose a new public health-oriented approach, which includes documenting and addressing distal and proximate social determinants of mental health as well as a critical examination of the nature of mental health services. Evidence suggests that individual men may need to change; however, health service providers and society as a whole may also need to change. This approach may help address what many are calling the "silent crisis" of men's mental health

Harm from antidepressants

There is a good deal of solid published research confirming the harmful effects of antidepressants. On top of this, there are the terrible individual stories of this harm.

AGED JUST SEVEN, MY GIRL BECAME DEATH-OBSSESSED

HOW A FAMILY'S LIFE CHANGED WHEN A MUM JUST TRIED TO HELP HER DAUGHTER

Obsessed with death. This is how Susy Parker described her daughter Seren who, just weeks after she was prescribed antidepressants, developed a terrifying "dark side". When a paediatrician first suggested medicating Seren with Fluoxetine, Ms Parker remembered thinking to herself "can you even give a child an antidepressant?" But, after being assured of the drug's safety and unable to bear seeing her daughter suffer through multiple panic attacks each day, Ms Parker chose to medicate Seren. "I found myself so torn, I didn't want to go down the medication route, but . . . she was having these panic attack," she said. "I didn't think that was possible, for a child to have a panic attack. It was horrible as a mum, you just feel so helpless."

http://enewspaper2.smedia.com.au/wandaily/shared/ShowArticle.aspx?doc=WAN%2F2019%2F06%2F27&entity=Ar01001&sk=72AD3E36&fbclid=IwAR3DC4NN2vONwtD0f4GMHiiEWnct-IOvuxYiLy7gypjhdD2oHXQ4YUAM_4

Following are several key statements about antidepressants with relevant published material confirming the harm from antidepressants:

It has been accepted for some time that antidepressants increase the risk of suicidal thinking and behaviour (suicidality) in children, adolescents, and young adults

Antidepressants increased the risk compared to placebo of suicidal thinking and behavior (suicidality) in children, adolescents, and young adults in short-term studies of major depressive disorder (MDD) and other psychiatric disorders.

Food and Drug Administration, Revisions to Product Labeling Suicidality and Antidepressant Drugs.

<http://www.fda.gov/downloads/drugs/drugsafety/informationbydrugclass/ucm173233.pdf>

Also from the FDA: The Federal Drug Administration (USA) warns about symptoms of the use of antidepressants

FDA. Revisions to Product Labeling <https://www.fda.gov/media/77404/download> Accessed 19 July 2019

The following symptoms, anxiety, agitation, panic attacks, insomnia, irritability, hostility, aggressiveness, impulsivity, akathisia (psychomotor restlessness), hypomania, and mania, have been reported in adult and pediatric patients being treated with antidepressants for major depressive disorder as well as for other indications, both psychiatric and nonpsychiatric.

There has been significant increase in diagnoses of mental disorders for children – current estimates put the figure at 560,000 Australian children and adolescents.

Lawrence D, Johnson S, Hafekost J, Boterhoven De Haan K, Sawyer M, Ainley J, Zubrick SR (2015) The Mental Health of Children and Adolescents. Report on the second Australian Child and Adolescent Survey of Mental Health and Wellbeing. Department of Health, Canberra.

[https://www.health.gov.au/internet/main/publishing.nsf/content/9DA8CA21306FE6EDCA257E2700016945/\\$File/child2.pdf](https://www.health.gov.au/internet/main/publishing.nsf/content/9DA8CA21306FE6EDCA257E2700016945/$File/child2.pdf)

Severe and persistent withdrawal reactions affect up to 50% of antidepressant users and there other severe physical dependence issues

Davies, J., & Read, J. (2019). A systematic review into the incidence, severity and duration of antidepressant withdrawal effects: Are guidelines evidence-based? Addictive Behaviors, 97, 111-121. doi: 10.1016/j.addbeh.2018.08.027

CONCLUSIONS:

We recommend that U.K. and U.S.A. guidelines on antidepressant withdrawal be urgently updated as they are clearly at variance with the evidence on the incidence, severity and

duration of antidepressant withdrawal, and are probably leading to the widespread misdiagnosing of withdrawal, the consequent lengthening of antidepressant use, much unnecessary antidepressant prescribing and higher rates of antidepressant prescriptions overall. We also recommend that prescribers fully inform patients about the possibility of withdrawal effects.

Recent Media reporting on this issue:

Long-term use of antidepressants could cause permanent damage, doctors warn

NHS figures show antidepressant prescriptions in England doubled in the last decade, with more than 70 million handed out in 2018.

<https://news.sky.com/story/long-term-use-of-antidepressants-could-cause-permanent-damage-doctors-warn-11688430?fbclid=IwAR3DwzEX6CUcGQMzbLAWNsIE6UzAXGcaRYGDhmINEQmol4VtnUbkiV3b0k8>