THE SITUATIONAL APPROACH TO SUICIDE PREVENTION AND MENTAL HEALTH LITERACY

ADVOCATING FOR A NEW MULTI-SECTOR AND MULTIDISCIPLINARY APPROACH

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A common shortcoming of the current approach to Suicide Prevention and Mental Health Literacy programs in Australia, is its dependence on a way of thinking that is more based on conjecture than fact; one which labels a broad range of common human experience as *illness*. This *ideology of mental illness* is the result of trying to shoehorn psychological distress and difficulties into a medical framework, which is not at all a good fit. Medical/psychiatric treatments applied to this 'illness', have evidently also proven to be a failure due to the unremitting escalation of 'mental illness'[1,2] (especially depression and anxiety) and a dramatic increase in suicides in Australia.[3]

Mental health reform efforts have largely failed to challenge the fundamental problems of the current ideology of mental illness, or the effectiveness of the medical/psychiatric means used to 'treat' the patients it generates. The fox has been in charge of the henhouse. If suicide prevention and mental health literacy initiatives are to prove effective in the future, it is imperative that we reach beyond the status quo, not only for a fundamentally new approach to how we respond to psychological distress and mental health difficulties, but as well for how we engage in activities promoting suicide prevention, psychological well-being and appropriate mental health literacy.

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There is a growing awareness that the mental illness ideology, which strongly associates mental illness with suicide, confuses and undermines effective suicide prevention efforts, because mental illness simply doesn't correlate with the majority of suicides, but rather with what has been termed: *situational distress*, which is often related to a particularly stressful situation or event, such as bereavement, a change in health status, relationship breakdown, financial, or occupational difficulties. This distress may significantly overlap with many of the symptoms usually taken to suggest mental 'illness' or 'disorder' (such as those associated with depression and anxiety). Even when distress is sometimes inexplicable, it still doesn't necessarily represent what can be justifiably termed, *illness or disorder*.

The outcomes of the current approach have clearly been ineffective; not only has it not helped reduce the large numbers of suicide deaths in Australia but the number of deaths has risen

dramatically over the last decade.[3] The suicide mortality rate continued to climb over this period but there has also been a dramatic increase in diagnoses for depression that is now having a significant cost impact on business in Australia.[4] This increase is associated with a deliberate focus on depression from the suicide prevention/mental health sector.

As for current mental health literacy programs, they have become little more than vehicles of publicity for publicly inculcating the mental illness ideology: ensuring consistent narratives, public, political, and media support.

It is vital that suicide prevention and mental health literacy initiatives are informed afresh by expertise beyond our present mental health system and its underpinning assumptions. Already our proposed *Situational Approach* is gaining currency as a useful conceptualisation of a new approach to both these endeavours. However, for systemic and effective change to occur, a broad church of professional collaboration will be needed – including people with knowledge and skill-sets that have not always been co-opted for these endeavours – such as professionals with expertise in finance, vocational guidance, accommodation, relationship counselling and human services support.

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Current suicide prevention and 'mental health' literacy thinking, and initiatives (exhibited by government and non-government organisations), have tended to be informed by a quite narrow field of expertise exclusively derivative of the status quo mental illness ideology, affecting policy, research, program design, and service delivery approaches. Hence the imperative of comprehensive change involving a much broader field of experts, disciplines, and perspectives, and one that places a premium on innovation that is preventative rather than oriented to late intervention and crisis intervention, most characteristic of current approaches.

The breadth of expertise and leadership needed to take us beyond the current mental illness status quo that so impoverishes efforts of effective suicide prevention and that of psychological well-being and mental health promotion, will encompass:

Research knowledge and experience that is referenced to a broad evidence base and broader perspective than the present illness ideology

Community engagement and development

Communications, mass media expertise

Partnership brokerage

Marketing

Gender differences pertinent to intentionally non-fatal self-harm, suicide, and mental health difficulties

Research knowledge and experience that is referenced to a broad evidence base and broader perspective than the present illness ideology

A key rationale of the *Situational Approach* to Suicide Prevention and Mental Health Literacy involves ensuring that research and program funding are appropriately applied in an evidence based and positive outcomes-oriented way to suicide prevention and mental health literacy activities.

There is growing acknowledgement of the need to address factors outside the present narrow field of 'mental health' (informed by the mental illness ideology) to begin to develop effective suicide prevention activity. The targets for research need to get beyond the thinking of the status quo mental health establishment. This broader based research should be led by researchers with experience working and researching in key areas such as employment, financial hardship, and appropriate gender engagement with those at risk of harm.

We need to develop a system of research and evaluation to ensure accountability for future research and a proper process of critique to ensure funding for research is appropriately targeted and is inclusive of a broader range of expertise. The current peer review process for publishing research falls well short of what many outside the present narrow field of 'mental health' expect.

It will be vital to acknowledge and promote the wealth of expertise that is available in Australia outside the limited scope of just a couple of favoured universities, whose research in this field is still dominated by mental illness ideology; research which, contrary to wider sources of evidence, serves to reinforce the untenable inclusivity of diagnoses like depression. There needs to be a deliberate effort made to ensure the full range of available expertise is integrated into this vital work.

Community engagement and development

Many communities across Australia report that, government and non-government funded initiatives of suicide prevention and mental health literacy, show little regard for their local circumstances, perspectives, or capacity, despite being framed within rhetoric like, 'community consultation' and 'community engagement'.

Another common complaint is that too little effort and funding, targets effective evidence-based prevention; instead, most finds its way into late intervention, crisis intervention programs or 'awareness-raising' and training programs that perpetuate the common misunderstandings of this field. It is ironical that communities understand the importance of this priority, when policy makers apparently do not.

Communities are essential partners not just in consultation but as active and competent facilitators and supporters on-the-ground, both in relation to suicide prevention and disseminating sound information that can build the capacity of their communities for psychological wellbeing and mental health. They understand their communities and their circumstances better than outsiders do, and need to be central not merely peripheral to these efforts.

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The *Situational Approach* supports the development of community leadership for these efforts, as well as peer support training and new mental literacy education initiatives that can ensure embedded and sustainable community capacity.

Communications and mass media

The current approach by the media to the issues of suicide and 'mental health' is clearly dominated by a focus on the present conceptualisation of depression and by the 'experts' and high-profile personalities who represent and promote this focus. Journalists tend to turn to a very select few to obtain opinions on suicide and mental health issues; consequently, the content of reporting and commentary is nearly always informed by the mental illness ideology.

We need to encourage the development of a team of more incisive and critical journalists, interested to pursue a broader and more useful perspective on these issues, and one that breaks free of the facile thinking about depression and other 'disorders'.

Of vital importance will also be for the media to abstain from unhelpful messaging promoting stereotypic 'male deficit' thinking, such as: males (who are the most at risk for suicide) need to learn to talk about and disclose their feelings, and seek help. Such ideas not only do not fit with the reality of male psychology, but to take up the latter point, about help seeking: when men do seek help they can almost never find male friendly and appropriate services.

The mass media and those who have significant roles in public and organisational communication, can also assist the process of necessary change by becoming familiar with the new language now being proposed in the *Situational Approach*[5] This is crucial to ensuring that the broad spectrum of common human experience of distress of one sort or another, is not unnecessarily named and defined as 'mental illness' or 'mental disorder'; terms that are at best unhelpful, at worst harmful.

Adopting new and better language is vitally important if we are to progress toward more effective suicide prevention and effective mental health literacy initiatives that promote the psychological well-being and mental health of individuals and our community. Such language is a vital centrepiece of the Situational Approach. This approach advocates that:

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Anyone can experience a ***mental health difficulty***; and everyone likely will at some stage of their lives. Such difficulties can be described in two ways:

A **Low Intensity Mental Health Difficulty** interferes with a person's usual or preferred mental, emotional, and social capacity, and perhaps as well, their experience of feeling capable and competent. Low intensity mental health difficulties are usually associated with difficult life events and challenges, like: unemployment, sickness, loss and grief, money troubles, relationship difficulties, conflict, and stress.

A **High Intensity Mental Health Difficulty** usually significantly impairs a person's ability to function on a day to day basis and noticeably interferes with their usual or preferred mental, emotional, or social capacity, and their experience of feeling capable and competent.

Such a difficulty usually requires more than a person's own coping ability, lifestyle adjustments, and support of friends and family. At least initially, it may require thoughtful observation and tentative assessment by a qualified health professional (a doctor, psychotherapist, psychologist, or, in some cases a psychiatrist), who will also suggest and perhaps provide appropriate psychotherapy (psychological therapy).

Partnership brokerage

Developing strong corporate partnerships is vitally important strategically for a several reasons: obtaining funding for prevention and educational programs, and to initiate proper public discussion; taking a national and community leadership role in state and national initiatives, and lobbying government for support and policy reform.

Non-government organisations, especially from the business sector, can help support and promote initiatives that are evidence-based even where they may not fit with the limited parameters of government policy. We need to develop models of corporate social responsibility – suicide prevention, and appropriate mental health literacy programs, replicable for wider use.

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A major factor in the perpetuation of the present mental illness ideology, as it relates to suicide prevention and mental health literacy, is the influence of industry training programs – particularly those targeting workplaces. Comprising a sizable commercial national activity now, these programs driven by significant commercial vested interests, are urgently in need of reform. A key requisite in facilitating corporate partnership will be to ensure that suicide prevention and mental health literacy training activities are appropriately evidence-based, and break free of the current dysfunctional mental illness paradigm. Companies and organisations sponsoring any kind of activities of this kind need to start requiring evidence of appropriate program content, evaluative processes, and appropriate expertise of staff. At present there is little quality control when it comes to the vast resources being injected into either prevention or literacy activities. It is arguably scandalous that millions of taxpayer, donor, and corporate dollars are expended without any clear measurement of outcomes.

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Marketing

Effective marketing will be crucial to supporting effective suicide prevention and mental health literacy activities and challenging the entrenched thinking of the current ideology which informs both. We need marketing professionals who are attuned to and informed by better knowledge for appropriate mental health literacy and suicide prevention messaging. We need to challenge both the current messaging content as well as the system that presents the messages to the community. Clearly this overlaps considerably with what was mentioned previously about communications and mass media.

The scope of marketing could include not only communities, private and corporate sector organisations and NGOs, but could also be expressed in targeted lobbying and advocacy in relation to key government entities concerned with suicide prevention and mental health literacy initiatives.

Gender differences pertinent to intentionally non-fatal self-harm, suicide, and mental health difficulties

There are significant gender differences across intentionally non-fatal self-harm and suicide deaths.[6]

These differences need to be properly understood and acknowledged. Engagement with individuals in distress must be appropriate to their needs and gender at all points along the trajectory of any support or intervention process. Support should be gender specific and informed by the specialised psychological expertise that is available in this field, rather than based on stereotypes derivative of popular gender commentary. It needs to be noted that, the current mental health system is particularly unhelpful to many men in distress, and may often be responsible for putting them at greater risk[7].

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The present mental health system has shown itself strongly resistant to reform, ideologically driven, and sustained by powerful vested interests. We would suggest that the most immediate imperative, is not to try and fix what is entrenched and broken, but to begin to implement and exemplify a creative alternative that is evidence based, more humane, and at the same time genuinely pragmatic and economically sustainable.

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The *Situational Approach* to suicide prevention and mental health literacy contains the seeds of possibility for this initiative. However, as has been emphasised, only a multi-pronged approach and a broad church of collaborators can make this possible.

It will of course be important to lobby government and government agencies in an attempt to divert funds in a more constructive way to the *Situational Approach*, and, to begin to reform existing mental health policy, mental health bureaucracies, and service delivery institutions. But again, we would suggest that our best strategy is one of leading by example, with the support of corporate and community partners; a potent and influential combination of political constituents not to be underestimated.

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   For research evidence of Gender Difference across Self-Harm and Suicide deaths –

   See:

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Additional Source:

A 'Situational Approach' To Suicide Prevention

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