

SUPPORT FOR 'A SITUATIONAL APPROACH'

SUICIDE PREVENTION AND MENTAL HEALTH LITERACY

Recent papers published on a ***Situational Approach to Suicide Prevention and Mental Health Literacy*** represent a major challenge to the way we have been doing things in this country. The Papers have acted as a catalyst and provided an opportunity for a voice for some of the wide-spread concern about the current approach.

Tessa Colliver – Lived Experience
Greg Boston – Lived Experience
Melissa Koch – Community Health Manager
Dr Simon Stilgoe – GP
James McMaster – Lived Experience, Suicide Prevention Trainer
Bill Power – Parent
Andrew Humphreys – Social Worker
Rick Hinge – Community Liaison
Professor Kerry Knox – Researcher, USA
Professor Paul Yip – Researcher, Hong Kong
Dr Samara McPhedran – Researcher, Griffiths University
Expert Advisory Group – Male Suicide Prevention Australia

A 'Situational Approach' to Suicide prevention – *Why we need a paradigm shift for effective suicide prevention.*
http://malesuicidepreventionaustralia.com.au/wp-content/uploads/2017/06/Situational-Approach-Document_web.pdf

A 'Situational Approach' to Mental Health Literacy in Australia – *Redefining Mental Health Literacy to empower communities for Preventative Mental Health*
http://malesuicidepreventionaustralia.com.au/wp-content/uploads/2017/06/Mental_Health_Literacy_Paper_web.pdf

Tessa Colliver – Lived Experience, South Australia

I lost my father to suicide in 2006 and after becoming aware of the new ‘*Situational Approach to Suicide Prevention*’ advocated by AIMHS, I strongly believe that my father was suffering from acute situational distress and if that had been recognised and appropriately addressed, believe that his death could have been prevented.

Greg Boston – Lived Experience, Business Director, South Australia

As a business person, but more importantly, a person who has experienced in my family the devastation caused by suicide, I am acutely aware of how critical and beneficial suicide prevention would be. I was approached by local service groups to attempt to create a suicide prevention network in my small home town. I was very keen to help, but understood the difficulty in bringing people together to confront a challenge which still remains so difficult to talk about for most people.

Because this is something which means so much to me, I wanted to develop something which was sustainable and more of a grass roots approach, and will continue to work towards this goal.

After reading the *Situational Suicide* paper sent to me by Dr. John Ashfield, I was astounded that the document almost read as though it was written specifically for what I had envisaged. I profoundly believe that greater awareness, understanding and early intervention are the major drivers for making progress in the difficult battle of suicide prevention. It is so important to create a community environment which removes the fear and shame of a discussion about someone who simply begins just not feeling quite the same. I commend the work of AIMHS and hope I have the opportunity in our community to utilise and promote the Situational Suicide approach.

Melissa Koch – Community Health Manager, South Australia

A Situational Approach to Suicide Prevention provides a contemporary view empowering communities to take control of the factors influencing suicide rates. It moves the responsibility from health and medical professionals and demystifies the view that suicide is as a result of “mental illness”. The approach incorporates a focus on the determinants of health and recognises the importance of providing social and community level supports alongside the appropriate health service response. Taking a situational approach reaffirms the need for health promotion and early intervention to enable communities to influence the factors that may lead a person to either take or consider taking their own life. A refreshing and compelling read.

Melissa Koch *Mid North Community Health Manager, Yorke and Northern Region
Country Health SA Local Health Network Inc., SA Health, Government of South Australia*

Dr Simon Stilgoe – General Medical Practitioner South Australia

As you say in your articles, mental health “illness” is way over-diagnosed and most mental difficulties do not need the scrambling of multiple resources to deal with them. I believe the process of having to compile a *Mental Health Care Plan* is totally unnecessary and does not really contribute anything to the management of the problem. Most people just need someone to talk to.

Likewise, the over-prescription of anxiolytics and anti-depressants is a concern, especially in younger people.

There is something fundamentally wrong with the general conception of mental health and the way that we deal with it. Your suggestion of separating mental illness from the much more common category of “mental difficulties” is great. I’m sure these are the sort of problems that can be dealt with at the community level, or perhaps at the primary care level.

I must confess that I hadn’t realised that most suicide occurs as a result of an acute situational problem, rather than on the background of an established “mental illness”. One always assumed that there had been months of depression or something leading up to the critical decision to end one’s life.

Dr Simon Stilgoe *General Medical Practitioner South Australia*
<http://www.ehealth.acrm.org.au/provider/dr-simon-stilgoe>

James McMaster – Lived Experience, Suicide Prevention Trainer

I would like to bring your attention to a paper recently published by the Australian Institute of Men's Health & Study called: *A 'Situational Approach' to Suicide Prevention*.

This paper introduces new views and thinking that are not just different to the 'traditional' approaches to Suicide Prevention, but appear to me to be more effective.

As someone who ticks several of the Lived Experience boxes and having recently completed the QPR and Wesley Lifeorce SALT training, the paper makes a lot of sense. As an attendee of the recent *National Suicide Prevention Conference* in Brisbane, I was surprised that these views were not being discussed. Hence I am raising awareness of this paper in the hope that the concepts that it proposes can enter the national discussion.

The concept of "*situational distress*" and its broader contributing factors, is a breakthrough. It is also consistent with what has been described as 'psychache'.

Two of the other concepts from the paper that stand out for me are:

- An 'upstream' focus with greater concern for the distress of individuals combined with appropriate responses
- Removing the conflation between mental illness and suicide (eg. being depressed is not the same as having depression)

At the conference it was encouraging to see that there is significant work underway to improve the quality of data – by NCIS and in particular the ABS, however, it is not clear who will be interrogating this enhanced data to identify the trends, at-risk groups and other key factors as prescribed in Section Two ("*Linking and cross-referencing data for effective suicide prevention*") of the paper.

Thank you for your consideration.

Regards, James, 0438 667 020

Bill Power Parent – Parent Victoria

Hi Anthony,

Our chat about the '*Situational Approach*' brought to mind our experience with our son who took a gap year after his first year at university. He worked and travelled during that year but found it difficult to get motivated when he returned to second year uni. He became disengaged with his studies so much so that he was barely attending by the end of the first semester. He was by that time appearing to be generally disinterested particularly regarding uni, but was doing shifts at his retail job and being social.

We discussed the situation with him and we agreed that he should talk to the university about options like deferment or a course change. He met with a counsellor and to our alarm, came home with a note to a GP recommending treatment for depression. He saw the GP who prescribed medication which was renewed at bi-monthly appointments for 6 months.

He has not returned to the GP for over 6 months, is not on the medication and is bright, healthy and very positive. He is still working in the same job that he has worked in throughout this time.

Regards, Bill P

Andrew Humphreys – Social Worker Narrawallee NSW

Congratulations on the paper... it's just so valuable. I have already forwarded to our local medical clinics. I have also sent it to our local state member NSW Speaker Shelley Hancock and Federal Member Ann Sudmalis. I have requested they present it to the federal and state health ministers.

I attach... Also the latest plan from *Black Dog's Mind the Gap* initiative. The Illawarra is one of 4 NSW pilot areas due to our high male suicide rates. Manufacturing in the Illawarra has been in a downward spiral for 20 years. The final iteration of *Mind the Gap*... draws extensively on the mental illness model propounded by the *Nuremburg Depression Initiative*. They claim to be able to cause a 20% reduction in the 'impact' of suicide, note not an actual decrease in the number of suicide deaths.

Once again thanks for this invaluable material.

Andrew Humphreys stanon@bigpond.com

Rick Hinge – Community Liaison SA

I work across Rural South Australia in the roll of Community Liaison.

I am currently contracted to Dairy SA. I provide a support service to the people who make up the dairy industry. The application of *The Situational Approach* has added greatly to my work. It provides a framework that allows for better outcomes for those experiencing high levels of stress.

The Situational Approach where implemented will change the way we care for people.

Rick Hinge *Community Liaison 0429 225 144*

Professor Kerry Knox – Rochester University, New York USA

I have reviewed your paper on “*A Situational Approach to Suicide Prevention*”. I fully support this approach. I have been advocating for this type of approach for some time and have written and submitted a statistically based paper supporting this.

We are in great need of new approaches to preventing suicide. While clinical approaches are critical, especially for high-risk individuals, we need to incorporate more approaches to intervene and prevent this very difficult public health problem.

I am very pleased that you are working towards achieving this goal!

Kerry L Knox, *MS, Ph.D. Professor, Department of Psychiatry,
University of Rochester School of Medicine and Dentistry, Rochester, New York*

Professor Paul Yip – The University of Hong Kong

In order for any prevention work to be effective we not only need to look after the unwell individuals but need to examine his/her context and the environment as well. By creating a healthy environment it will certainly enhance the effectiveness of individual programs. Furthermore, the changes in environment and legislation relating to the insurance industry would also be potential beneficial to prevent the suicide among the insured ones. Once again, the situational approach would be found relevant.

We look forward to seeing your experience in Australia and it can be beneficial to all countries as well. If there is anything we can be of assistance, please let us know. It will be our pleasure to be able to work with you on this even in different countries.

Paul Yip *Chair Professor of Population Health Department of Social Work and Social Administration & Director Centre for Suicide Research and Prevention The University of Hong Kong*

Dr Samara McPhedran – Griffiths University Australia

I read with great appreciation your recent work examining “*A Situational Approach to Suicide Prevention*”. These materials reflect my own published research findings, which collectively emphasise that a framework based primarily around mental illness is likely to be insufficient for delivering effective suicide prevention, and that situational factors appear to play a crucial role in understanding and responding to suicidality.

By enhancing the evidence base around situational contributors to suicide, and drawing attention to the complex nature of suicidal behaviour, your work provides new insights and opportunities for policy and program development in a wide range of community and other contexts.

I look forward to hearing more about the progress of your work, and wish you the best in having a situational perspective incorporated into practical suicide prevention strategies and responses to suicide.

Samara McPhedran *PhD Senior Research Fellow Griffiths University Australia Associate Editor, Public Mental Health*

<http://malesuicidepreventionaustralia.com.au/consultancy-group/>

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Ms Tessa Colliver

Secretary & founding member of SOS Yorke – the Suicide Prevention Network for Yorke Peninsula, SA.

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I am very pleased that you are working towards achieving this goal!

Very sincerely,


Kerry L Knox, MS, Ph.D.
Professor
Department of Psychiatry
University of Rochester School of Medicine and Dentistry
Rochester, New York



Mr Anthony Smith
National Manager
Menswatch Program
Australian Institute of Male Health and Studies

11 July 2017

Dear Anthony,

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Yours sincerely,


Samara McPhedran, PhD
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June 2, 2017
Anthony Smith
Menswatch Program
National Manager,
Australia.

Dear Anthony,

A Situational Approach to Suicide Prevention

Thank you for sending the materials on the "A Situational Approach to Suicide Prevention" which is very relevant for suicide prevention. The essence of the materials are very much inline with the World Health Organization's approach for suicide prevention. It is not only individuals but community as well.

In order for any prevention work to be effective we not only need to look after unwell individuals but need to examine their environment context as well. By creating a healthy environment it will certainly enhance the effectiveness of individual programs. Furthermore, the changes in environment and legislation relating to the insurance industry would also be potential beneficial to prevent suicides among the insured ones. Once again, the situational approach would be found relevant.

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Yours sincerely,



Paul Yip
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22nd June 2017

Anthony Smith
Menswatch Program
National Manager

Dear Anthony & John,

As a business person, but more importantly, a person who has experienced in my family the devastation caused by suicide, I am acutely aware of how critical and beneficial suicide prevention would be.

I was approached by local service groups to attempt to create a suicide prevention network in my small home town. I was very keen to help, but understood the difficulty in bringing people together to confront a challenge which still remains so difficult to talk about for most people.

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Greg Boston
Director