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Commentary
Suicide prevention: a conspiracy?

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Abstract
Decades of evidence from past and present suicide prevention policies show that the medical model blames the suicide victims by insisting on mental illness as the cause, and denies responsibility for the rising suicide trends.

Commentary
Despite evidence to the contrary, it is not very clear why the media promotes mental illness as the cause of suicide and vice versa, i.e. the suicide case is automatically assumed to have been mentally ill (e.g. http://www2.nzherald.co.nz/the-country/news/article.cfm?c_id=16&objectid=11875438) . In other words, in reporting mental health issues the media wrongly uses mental illness and depression and suicide interchangeably as though they are one and the same when there is no evidence to support this assertion (Hjelmeland *et al.*, 2012; Hjelmeland & Knisek, 2017; Shahtahmasebi, 2013b, 2014a). A major consequence of basing a suicide prevention policy on a relationships that are either very weak or do not exist is a failing policy with adverse outcomes.

Indeed, there is decades of evidence to support that current and past suicide prevention strategies based on a medical model have failed. After decades of emphasis on mental health and additional resources, suicide in New Zealand reached an all time high (Shahtahmasebi, 2016b). Usually, when a policy fails or does not provide value for money, the policy is scrapped and efforts are made to replace it with a viable one. The strategy of basing suicide prevention on mental illness should have been abandoned years ago. Unfortunately, the fact that it has been allowed to continue, has made all the stakeholders part of the problem rather than the solution. The emphasis on mental illness as the cause of suicide (and therefore as a solution to prevent it) has not reversed increasing suicide trends, has maintained public and professional ignorance about suicide, and has led to an inability to confront it.

All that has been achieved with the Government's 'head in the sand' approach to suicide prevention and diverting additional resources to mental health services has been decades of 'more of the same'. In other words we have been given the same mental health services year upon year but at much higher costs in terms of the lives lost to suicide and resources ($).
It is plausible that the political battle led by medical modellists (proponents of mental illness causing suicide) is the main reason for the medical model based suicide prevention policy to have survived for so long (Shahtahmasebi, 2013a, 2017). An effective way of maintaining control of suicide prevention is to remove it from the public domain. In New Zealand, using flawed evidence, the medical modellists have forced a policy of public silence (Shahtahmasebi, 2014a) which has led to secrecy, and a lack of public discussion about suicide - in effect removing suicide from the public domain and keeping it firmly in the mental illness domain. Interestingly, WHO has recently described as a myth the claim that all suicide is caused by mental illness (WHO, 2014). Therefore, the media can be forgiven for assuming only a medical model can prevent suicide – but the media will not be forgiven for

its lack of integrity, misplaced public concern, and uncritical reporting – thus they, too, have become part of the suicide problem.

Medical professionals continue to defend a model that cannot possibly have any benefit in preventing suicide. They themselves have no confidence in this model that they thrust onto the public as the only method of reducing suicide. One would expect that at the first signs of suicidality a medical professional would seek help from mental health services. As medical professionals they have easy access compared with a member of the public. It must come as a shock to the public to read of reports of medical professionals committing suicide (e.g. see http://www.stuff.co.nz/world/australia/92501003/Wife-of-Australia-doctor-writes-letter-about-his-suicide-to-show-we-re-not-ashamed, or, https://www.theguardian.com/commentisfree/2017/mar/21/to-stop-doctors-ending-their-lives-we-need-to-hear-from-those-suffering). Why then do doctors and psychiatrists refuse the very help that they promote for the general public and go on to kill themselves? Often such news is kept out of the public domain, presumably, to maintain the public perception of suicide being the result of mental illness and that mental health services are the solution to suicide problem.

It is likely that the medical model approach does not seek to address suicidality but assumes mental illness as the cause before even a medical examination has been carried out. Current estimates suggest that between two-thirds and three-quarters of all suicide cases do not come into contact with mental health services (Hamdi *et al.*, 2008; Shahtahmasebi, 2003). Thus between one-quarter and one-third of all suicide cases sought help from mental health services and yet went on to kill themselves. In other words, the medical model ignores 'suicide' and labels as 'mentally ill' anyone who may have suicidal thoughts - and then attempts to treat the case for a mental disorder that does not exist. This may well explain why the medical model approach does not work in reducing suicide rates.

Anecdotal evidence provides some indication that the conflict does not stop at manipulating public attitudes – there are reports that mental health and frontline workers are being prevented from attending alternative suicide prevention workshops/seminars. Being threatened with disciplinary action if one attends alternative suicide prevention activities does not often make the domestic and national media but on rare occasions it raises interest from overseas news media (https://www.theguardian.com/world/2017/jan/02/beautiful-and-doomed-new-zealands-capital-begins-the-fight-of-its-life?CMP=share_btn_link).

This amounts to a conspiracy. Those at the helm of delivering mental health services are only interested in the additional resources that accompany suicide prevention. What are the Government's motives to continue to fund a failed model? And what are the media's motives to continue to push the non-existence mental illness-suicide link? Do they not care?
In an era that demands evidence-based decision making and a profession that boasts evidence-based medicine, why do health professionals refuse to acknowledge decades of failure? Suicide rates often follow a cyclic pattern (an increasing trend followed by a downturn over several years). Typically, as the trend in suicide rates' follows its cycle, the medical modellists take credit for the downturn part of the cycle(s) and blame the complexity of suicide for the upturn, and then demand additional resources to research it. This strategy coupled with the Government's 'head in the sand' position has strengthened the medical model approach to suicide prevention.

More disturbing is why, after decades of failure, does the public and governments across the world, time and again, appear to be happy with a mental illness explanation of suicide? Not

knowing 'why' a loved one took their own life is potentially the biggest trauma suicide survivors suffer (Shahtahmasebi, 2014b, 2016a; Shahtahmasebi & Aupouri-Mclean, 2011). It is plausible that blaming mental illness as the cause focuses the attention and fault onto the victim away from the health and social structure (Shahtahmasebi & Smith, 2013). By labelling suicide as a form of mental illness thus labelling suicidal individuals as mentally ill and failing to prevent it, the medical model in effect is denying responsibility and accountability. The irony is that suicide is preventable and most of the cases could have been saved had they not been labelled 'mentally ill'.

Unfortunately, instead of breaking the cycle and reducing suicide, GPs, the media, and suicide survivors, all blame mental illness and poorly resourced mental health services for suicide (https://www.tvnz.co.nz/shows/sunday/clips/extras/mum-fights-improve-mental-health-system-after-sons-death, or, http://www.stuff.co.nz/stuff-nation/17524688/Whats-worse-depression-or-the-system-that-deals-with-it, or, http://www.nzherald.co.nz/nz/news/article.cfm?c_id=1&objectid=11841136). In the majority of suicide cases, the claim of mental illness is often made after the event has occurred and despite admitting that there were no symptoms of mental illness in the coronial inquest (Shahtahmasebi, 2005; Shahtahmasebi, 2014a; Shahtahmasebi & Smith, 2013).

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