Increased mental health funding does not reduce suicide rate

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Anthony F Jorm's recent paper '*Australia's 'Better Access' scheme: Has it had an impact on population mental health?'* (2018) is one of the most important contributions to suicide studies of the last century.

The medical model of suicide – that all suicide is the result of mental disorder (Wade, 1879) was established during the 19th century – and was operationalized by suicide prevention being cast as a medical activity in the 20th century.

At the turn of the 19th century Emil Durkheim published '*le Suicide'*, a magnificent, fundamental sociological account of the topic which has been regrettably, systematically ignored by psychologists, psychiatrists and politicians.

In 2012, Hjelmeland et al, presented a study of the 'psychological autopsy' – the retrospective method by which the medical model of suicide derives some apparent legitimacy – their conclusion was that psychological autopsies are methodically flawed and should be discontinued.

In 2014 the World Health Organization published *'Preventing Suicide: A Global Imperative'* – this first sally into the area by the WHO stated the notion "only people with mental disorders are suicidal" is a "myth".

These cautionary facts had no (obvious) impact on the medical model of suicide or suicide prevention activities. Something more was needed – some linking of the quantity of mental health services and suicide rates.

The Better Access scheme (an initiative of Australia's national universal health insurance scheme) was launched in 2006. This is designed to greatly increase (Australia-wide) the public availability of psychological services. It provided additional services from general practitioners, clinical psychologists, other psychologists and other clinicians including occupational therapists and social workers, psychiatrists and paediatricians.

Australian Government evaluations of the Better Access scheme state that more patients are receiving more treatment and that "consumers experienced clinically significant reductions in levels of psychological distress and symptom severity". This second point was refuted by some academic literature (Jorm, 2018).

Jorm (2018) shows that despite the substantial increases in mental health funding and services over the years 2007 to 2015, the suicide rate substantially increased (8.9 to 12.6/100 000). This information is unique and invaluable and demands to be considered in any planning of suicide prevention.

References

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