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Dear Prime Minister of Australia: Goal of zero suicides

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On page 4 of The Australian newspaper (8/7/2019), Sean Parnell reported the recent announcement by the Australian Prime Minister under the heading, "PM aims for goal of zero suicides". We responded to the Prime Minister via Letters to the Editor, but unsurprisingly we were not published. As reported before (Pridmore & Shahtahmasebi, 2018) the media's interests seem to lie elsewhere rather than critical reporting of suicide. In this article we will reproduce and list the points raised in the Prime Minister's announcement and provide our response. In this article "you" refers to the Prime Minister.

1. Experts

It is stated that you have sought 'expert' advice.

We wonder how an 'expert' is defined in this field. In spite of numerous suicide prevention initiatives and millions of dollars spent, the suicide rate in Australia continues to rise (Jorm, 2019). In New Zealand suicide numbers for 2018/19 reached record high for the fifth consecutive year (see Editorial). The suicide rate is at a 30 year high in the USA (Rossen et al, 2018), is rising in Brazil (Martini et al, 2019), and Korea is stuck with the highest rate in the world (Kino et al, 2019). In New Zealand the Canterbury District Health Board Chief of Psychiatry recently stated to the media, "…nothing anyone is doing is managing to bring it down" (Meier, 2017).

The Merriam-Webster dictionary defines an 'expert' as "one with the special skill or knowledge representing mastery of a particular subject". Thus, if no one is able to bring down the suicide rate in Australia, USA, Brazil, Korea and New Zealand, there are no experts in those countries. Or if there are, they have not been given the opportunity. Perhaps what is needed is that all the current 'experts' be moved on and a new batch given a chance.

2. Stocktake existing strategies

It is stated that you have appointed a person to "stocktake the existing suicide prevention strategies and any obvious failings".

There are hundreds of suicide prevention strategies around the world. Most countries have hosted many more than one. They are all based on the notion that suicide is the result of mental disorder and focus on increasing the diagnosis and treatment of mental disorders. This basis is wrong (Shahtahmasebi, 2013).

3. The attention of medical staff

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The person appointed to provide advice is reported to have said there would be consideration of "why people who attempt or die by suicide have not come to the attention of medical staff".

The idea that all suicide is a consequence of a mental disorder is nonsense and has been described as a "myth" by the World Health Organization (2014). Some suicide is the result of mental disorder and appropriate treatment may prevent some (hopefully all) of these. Suicide is triggered by mental pain such as arises with divorce/separation, poverty/unemployment, loneliness, shame, chronic physical problems, drug issues and similar life problems. The mental pain of these situations are frequently exaggerated and anger and impulsivity released by alcohol intoxication. One does not go to the doctor in search of a job or for a lover or companion with whom to go to the Saturday football. By the time acute admission to hospital might delay death, the horse has well and truly bolted.

The "obvious failing" of current suicide prevention strategies is that they do not prevent or repair the socioeconomic problems which are the triggers of most suicide. But, these are not really "failings" insofar as there are no "obvious" solutions.

4. "Around 80% of people who die by suicide have a mental health issue"
This statement is attributed to you. Although, this claim has been rebuked and dismissed as a myth (e.g. see WHO, 2014; Shahtahmasebi, 2013; Hjelmeland, 2017) there are a couple of very important points.

For decades, suicide prevention strategies have been based on this claim without any accountability or responsibility for resources diverted to the mental health service for suicide prevention.

There is a problem with the definition of "health". In 1946 the WHO defined 'health' as, "'"a state of complete physical, mental and social well-being and not merely the absence of disease". This is a very destructive definition – it equates health with wellbeing. If you go to the races and come away having lost your money, your wellbeing will have been negatively impacted. But, does this mean you are no longer healthy? Do you now have a health problem, and therefore need a doctor? Of course not!

It can be agreed that if you separate from your partner you will be suffering some mental pain – that is part of being a human. Separation and associated mental pain should not be considered a "mental health issue". The WHO definition of 'health' the problem here. When your mother dies you will have some sadness/mental pain – but that does not mean you are no longer healthy and need the assistance of 'mental health professionals'.

5. "working toward a zero suicide goal"
This is a laudable goal, but before fully committing, please consider that in spite of some excellent people working on the issue for more than half a century, zero suicides has not been achieved anywhere, on a national basis.

Each country has a suicide rate which is fairly constant – some are lower than others, but their relative position remains much the same. This is because different countries have different cultures – that is, they have different ways of evaluating and responding to circumstances.

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To bring the suicide rate down we need to 1) bring down the distress experienced by the average citizen, 2) change our culture so that we evaluate and respond to circumstances without the suicide option, and 3) decision makers and service providers must take responsibility and hold accountable. However, to achieve zero suicides, you will need to eradicate all distress from Australia.

Post Script

6. Raised concerns

PS. At the bottom of the article by Sean Parnell there is a statement that if any distress had been caused by the contents, the distressed person should ring one of two support agencies. This is more of the mindless nonsense that is talked about in the field of suicide prevention. The silencing of public discussion/debate of suicide probably does much more harm than good. Hopefully, this exerting authority made somebody feel better.

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