Suicide prevention: "can't buy me love"

Saxby Pridmore[1], William Pridmore[2]

[1]Discipline of Psychiatry, University of Tasmania, Hobart, Tasmania.
[2]Launceston General Hospital, Launceston, Tasmania, Australia
Correspondance: s.pridmore@utas.edu.au
Received: 24/9/2020; **Revised**: 1/10/2020; **Accepted**: 6/10/2020
Key words: suicide prevention, zero suicide, mental health resources
[**citation**: Pridmore, Saxby.; Pridmore, William. (2020). Suicide prevention: "can't buy me love". DHH, 7(4):https://journalofhealth.co.nz/?page_id=2416].

Hearty congratulations and thanks to Anthony F Jorm – he finally Belled-the-Cat – drawing a graph illustrating that sinking increasing funds and human resources into mental health services and suicide prevention programs has not reduced the Australian suicide rate (Jorm, 2019).

For the last two centuries the belief prevailed that all or almost all suicide was due to mental disorders. So, pouring funds and psychiatric expertise into the field should have worked – but it failed. We were asked to explain.

The explanation has many parts. One is that nothing like all suicides are the result of mental disorder - so having a curative psychiatric approach was never going to work across the board. Protest about this medical view of suicide was drowned out by the stronger pro-mental illness camp. Finally, in 2014, the WHO stated this medical view was "a myth". Still, the fertilizer continues to be applied to the barren field.

More recently, Jorm (2020) acknowledged arguments that suicide has much to do with social factors including poverty and unemployment, and social events/stressors such as economic depression, war, and miniskirts.

Jorm (2020) reports evidence that the mental health treatments have limited efficacy in halting suicide – this is not as much a treatment failure as a "diagnostic" failure.

He (Jorm, 2020) speculates that suicidal feelings may "arise over a short period" and at a time when "a mental health professional" may not be present. Taking his second point first - there is not much a mental health professional can offer in the absence of a mental disorder. While some suicide may "arise over a short period" and end in impulsive death, probably many more arise from slow grinding, tedium vitae.

One is reminded of Dr David Goodall – the 104-year-old biology academic, an Australian citizen who died in a Switzerland euthanasia clinic in 2018. With increasing age his eyesight deteriorated, and he had become less stable on his feet (Hamlyn & Shepherd 2018). The public record includes many accounts of people seeking euthanasia because of feeling "tired of life" (Anonymous, 2014) and that they have "completed" their lives (Anonymous, 2016).

We are not paying sufficient attention to "human nature". We evolved as the fittest of the Hominidae, and we carry a predisposition (suppressed, somewhat by civilization) to assertiveness/aggression. Not surprisingly, history informs that our species has been involved in war for many thousands of years. Our aggression is usually directed outward - in suicide it

is directed inward, onto the self. The psychoanalysts made this point. An early nurturing early life can be helpful in preventing this behaviour.

Further, some (perhaps most) of us hold "privacy" very dear. We all (most of us, anyway) have private thoughts, feeling, ambitions and regrets. Who wants to remember, let alone talk to a stranger in an Emergency Medicine department about a thirty year old abortion even your mother didn't know about, that you always secretly resented your best friend because of his financial success, that you once gave the wrong change to an old man and when you discovered your mistake, you kept his money. Who wants to explain to a stranger in an Emergency Medicine department that it was you who deserved the Order of Australia, not that fellow down the street who drinks with the Premier – and there is nothing you can do about it. That you have a large and happy family, but you are sick of the expectation that you will be endlessly smiling and encouraging.

Jorm (2020) asks "what should we be doing differently" to reduce suicide deaths and improve our "capacity to intervene".

What makes us think anything we do this century will make a difference to the suicide rate? Perhaps if we changed our child rearing and culture over generations (but by what means and into which shape is unknown) self-killing would disappear. It is certain that 'intervention' will always be too late and ineffective.

Conflict of interest: nil
Acknowledgements: nil

References

Anonymous. (2014) Second British woman 'tired of life' helped to die by Swiss suicide clinic aged 99. *Daily Mail.* 13 April. Retrieved from http://www.dailymail.co.uk/news/article-2603586/Second-British-woman-tired-life-helped-die-Swiss-suicide-clinic-aged-99.html on 2020-5-5.

Anonymous. (2016) Netherlands may extend assisted dying to those who feel 'life is complete'. *The Guardian.* 13 October. Retrieved from https://www.theguardian.com/world/2016/oct/13/netherlands-may-allow-assisted-dying-for-those-who-feel-life-is-complete on 2020-5-5.

Jorm AF (2019) Lack of impact of past efforts to prevent suicide in Australia: Please explain. *Australian and New Zealand Journal of Psychiatry* 53: 379-380.

Jorm AF (2020) Lack of impact of past efforts to prevent suicide in Australia: a proposed explanation. *Australian and New Zealand Journal of Psychiatry* 56: 566-567.

Hamlyn C, Shepherd B. David Goodall ends his life at 104 with a final powerful statement on euthanasia. *ABC News.* 11, May 2018. Retrieved from http://www.abc.net.au/news/2018-05-10/david-goodall-ends-life-in-a-powerful-statement-on-euthanasia/9742528 on 2020-5-5.