Time to Address the 'Causes of the Causes:' Effective Suicide Prevention Also Requires Sound Policy Interventions

Invited lecture · Stephen Platt

Prof. Platt has a long-term research interest in socioeconomic, sociocultural and epidemiological aspects of suicide, self-harm and mental health. He has conducted research on a wide range of topics, including self-harm as a subculture (written up as a doctoral dissertation), the labour market and suicidal behaviour, the treatment and management of self-harm, national suicide prevention programmes, inequality and inequity in suicidal behaviour, contextual effects, suicide clusters, contagion and imitation in self-harm, and the impact of Covid-19 on suicide and self-harm. He is an adviser on suicide prevention research and policy to Public Health Scotland and Scotland's National Suicide Prevention Leadership Group (NSPLG), and co-chair of the NSPLG's Academic Advisory Group. He chairs the Steering Group for the Scottish Suicide Information Database (ScotSID), a central repository for information on all probable suicide deaths in Scotland, which supports epidemiology, policy-making and suicide preventive activity in the country. He is a consultant to the Irish National Office for Suicide Prevention, advising on the development, implementation and evaluation of the country's suicide prevention strategy ('Connecting for Life') and chairing the associated Evaluation Advisory Group. He is an ex-Vice-President of the International Association for Suicide Prevention (IASP) and current co-chair of the IASP Special Interest Group (SIG) on the Development of Effective National Suicide Prevention Strategy and Practice.

Abstract. It is increasingly recognised that suicide is a multi-determined, 'complex' behaviour, requiring inputs from a wide range of academic disciplines and a comprehensive, wide-based public health approach to its prevention. Recent models of suicide presented in academic articles and suicide prevention strategy statements portray the interactive, multi-level nature of the behaviour, distinguishing between population and individual risk factors (grouped into predisposing, mediating and precipitating factors), or adopting a socioecological framework (individual-level risk factors embedded within life experiences/relationships factors, which are embedded within community risk factors, which are embedded within societal risk

 https://doi.org/10.26493/978-961-293-184-1.1

factors). The claims in national strategies of adopting a 'whole-of-society' and/or 'whole-of-government' approach are consistent with these models. Nevertheless, there is limited strategic and operational focus on societal or macro-level determinants of suicide in most national suicide prevention strategies. Rather, the locus of interventions tends to be the individual or group or community, with suicide conceptualised primarily as a mental health problem (or, more elaborately, as an outcome of the interaction between mental ill-health and the socioeconomic and sociocultural 'context'). Moreover, success in achieving cross-governmental ownership of suicide prevention remains elusive and contested. A concerted effort to address the 'causes of the causes' is long overdue. Effective suicide prevention needs to recognise and target macro-level and sociological determinants of suicide via sound policy interventions.