Preventing suicide: understanding the complex interplay between individual and societal factors

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The Lancet Public Health series A Public Health Approach to Suicide Prevention is timely and represents the most comprehensive appraisal of a public health approach to suicide prevention yet published. A concerted focus on social factors and social determinants is urgently needed as the cost-of-living crisis, inflation, a weakened public sector, and housing problems are, sadly, all too common in many countries. It is time for governments to step up and prioritise suicide prevention.

It is hard to argue against the central messages contained within this Series. Without question, the largest reductions in suicide will be achieved by taking whole-population and whole-of-government approaches to suicide prevention. Such approaches must be taken in addition to indicated and selective approaches. The Series papers bring attention to established contextual risk factors, such as access to the means of suicide, financial challenges, unemployment, transmissibility, alcohol use, gambling, domestic violence and abuse, and suicide bereavement. Indeed, we believe that to effectively prevent suicide, it is crucial to address the complex interplay between individual risk factors within their broader social context. Understanding how, why, and when social exposures affect individual wellbeing is key to prevention efforts. To this end, we also need a whole-of-research approach. Clinical focus must be expanded such that social determinants are routinely incorporated into assessments and treatments by health-care professionals. Research focus must move beyond disciplinary silos to understand how social determinants influence individual (clinical) risk factors for suicidal thoughts and behaviours, as illustrated in the new public health model proposed by Jane Pirkis and colleagues (in the first paper in the Series). However, we need to go further—as the Series emphasises, it is imperative that we integrate clinical and societal interventions across multiple sectors beyond mental health settings.

The Series findings are also consistent with the recent Gone Too Soon framework's priorities for action to prevent premature mortality associated with mental illness and mental distress.[1] In this global endeavour, which adopted a socio-ecological approach, 18 prioritised solutions were identified, many of which have a specific focus on preventing suicide and are also considered in this Series. The solutions include taking whole-of-government and whole-of-society approaches to tackling social inequalities, such as implementing strategies to reduce stigma, discrimination, marginalisation, gender violence, and victimisation. Solutions also include calls for action to reduce income inequality, such as the provision of income support and acute cash transfers, as highlighted in the third Series paper. Policies to restrict access to lethal means and decriminalisation of suicide are highlighted, as well as the role of media and social media engagement, in the second and fourth papers. Early intervention, education, and public mental health awareness and training are also identified, together with community-based interventions and peer engagement.[1] These solutions speak to the concept of cumulative disadvantage highlighted in the third paper; the latter concept warrants much more attention in suicide prevention.[2] The importance of recognising that one size does not fit all and that restriction of access to means is not a forever solution are also important messages from the Series.

Pirkis and colleagues' call for a suicide prevention policy reset is also long overdue. To this end, we welcome the inclusion of Creating Hope Together, Scotland's new 10-year suicide prevention strategy. With this programme, Scotland provides an exemplar of a government that has had a reset and is adopting whole-of-government and whole-of-society approaches to suicide prevention.[3] To our knowledge, the Scottish strategy is also the first to explicitly include in its vision the desire not only to reduce the number of suicide deaths but also tackle the inequalities that contribute to suicide. The Scottish strategy and action plan is also theoretically informed. It is underpinned by the integrated motivational–volitional model of suicide, which informs our understanding of the individual within their social context, specifically providing insights into the how, why, and when of suicide risk.[4]

In addition to strengthening the funding for research and evaluation efforts outlined in this Series, we need to embrace complexity science, as it provides tools to

model the myriad factors outlined in the public health model (first Series paper). Data-driven simulations could also guide policy makers in making optimal decisions, considering the complex interactions and multitude of variables involved.[5,6] Current steps are being taken to this end.[7] Advancing data quality, quantity, and speed will be crucial for the success of these efforts.

In conclusion, if we are to tackle the challenges of suicide prevention, we need to act now. We must adopt whole-of-government, whole-of-society and whole-of-research approaches.

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