SUICIDE IN/AS POLITICS

An arts-based research project to explore public perceptions of suicide prevention policies and politics across the UK 2009-2019

Suicide is a major public health concern. According to the World Health Organization (WHO), suicide is responsible for around 700,000 deaths worldwide; not only this, but for every death by suicide around 20 times more people survive a suicide attempt.

To try and tackle this, the WHO has recommended that every country makes its own suicide prevention policy, tailored to the needs of its nation's people. This has been undertaken in the UK, with each nation - England, Northern Ireland, Scotland and Wales - creating its own suicide prevention policy.

These policies give strategic direction to policy makers, politicians, practitioners and the public alike. But there is little research looking at how much these policy suggestions resonate with or are resisted by those it affects, and so this is what the Suicide in/as Politics project aims to do!

The Suicide in/as Politics project aims to explore the politics of suicide prevention in the UK betwen 2009-2019 (the 11 years following the 2008 financial crash).

In the first phase of this project we critically analysed the 8 suicide prevention policies in use across the UK's four nations 2009-2019 and the 7,764 mentions of suicide in the UK's four parliaments and assemblies, as

well as nine charity documents.

In the second phase of the project, we shared the findings from phase one with members of the public through arts-based workshops. In this zine, we will show a selection of the art and poetry created by the 20 workshop participants who kindly donated their creative works, to whom we are hugely grateful!

Throughout this zine, participants will be referred to using pseudonyms that either they or we picked.
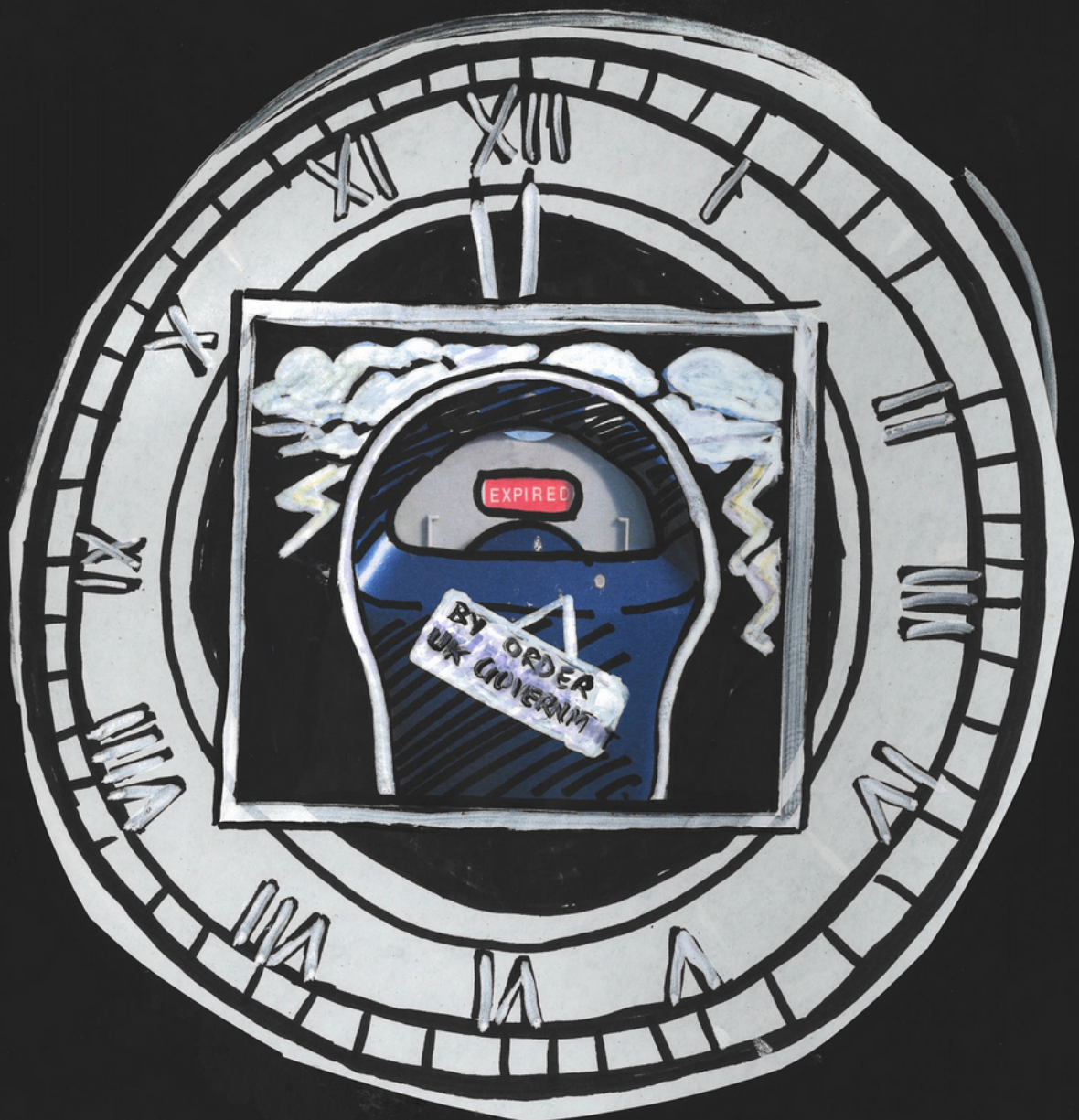
If you would like to know more about this project, please get in touch with:

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Time is running out by Will

Although suicide is very often understood as the tragic consequence of mental health problems, most often depression, some workshop participants described how this did not sufficiently take into account the role that socio-economic conditions could play in the development of suicidal feelings.

RESISTING THE MEDICALISATION OF SUICIDAL FEELINGS.
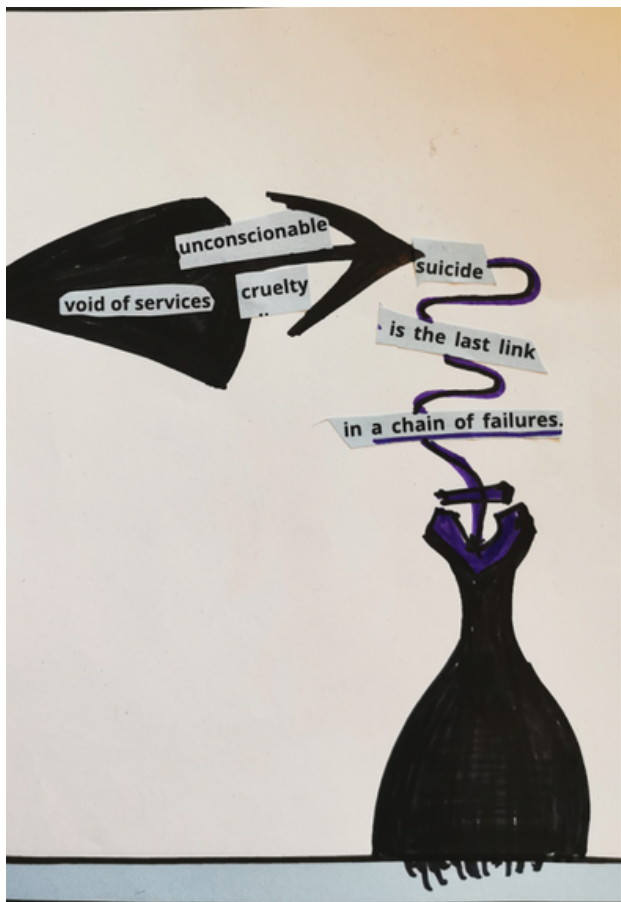
"To me suicide being everyone's business is because the state has failed. And so that's why it...to me it's a tacit admission of the state saying, actually we're not very good at suicide prevention. So if everyone could just get involved and make it your business, then that would be really helpful".

Sam (Series 1, Workshop 1)

Elizabeth (Series 2, Workshop 1): a lot of my symptoms are exacerbated by external things that are political. So, when they try to take the politics out, it makes it a personal, you problem – you are not resilient, you can't cope, you [...] actually, it's like, no, well some people are really feeling depressed because they can't afford things, they can't afford food, or people are feeling anxious because of the hyper-consumerism that's grown under capitalism. And so, people are super aware of how they look [...] So, when they take out the politics of mental health and suicide prevention, it makes it a personal issue, when actually, I think it's ... it's not.

Although socio-economic contributors to suicidal feelings were mentioned in the policies and political debates, these tended to be framed as isolatable 'risk factors' and were not seen as the consequences of policy decisions that could have been otherwise if politicians had chosen differently.
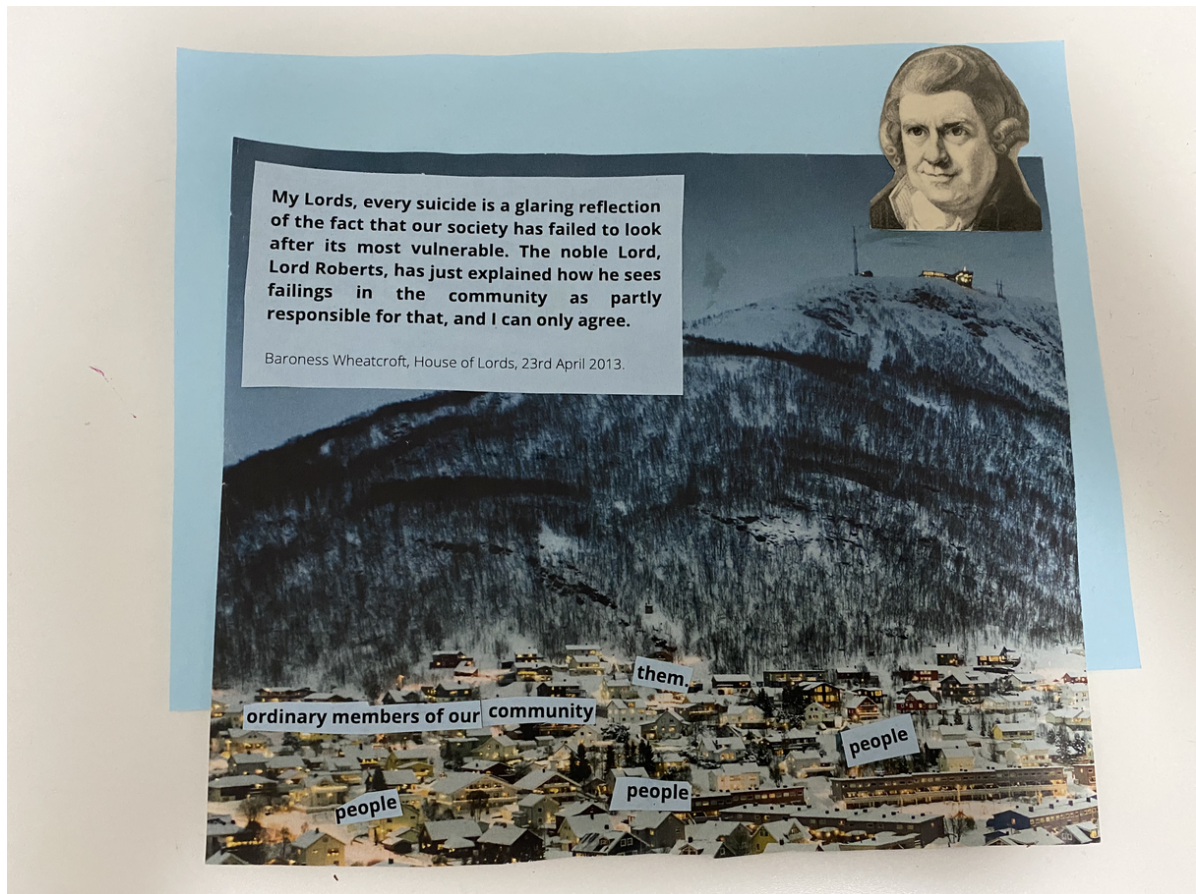
Workshop participants also resisted the framing of suicide around the idea of resilience, as it was seen as in some ways blaming marginalised people for not being able to cope with harsh socio-economic conditions, rather than considering whether it would be possible to change those conditions, with one participant Zara describing this as "**gaslighting**".

" Linda (Series 1, Workshop 2): I suppose, in the policy I was looking at there's… the word resilience is in it and that's also a very…a term that seems very febrile you know, if we all were resilient, life would be perfect, we'd get on really well and it would be just great. And if we're not resilient enough that's our own problem, we haven't worked hard enough. "

Hollie (Series 3, Workshop 1)

My Lords, every suicide is a glaring reflection of the fact that our society has failed to look after its most vulnerable. The noble Lord, Lord Roberts, has just explained how he sees failings in the community as partly responsible for that, and I can only agree.

Baroness Wheatcroft, House of Lords, 23rd April 2013.

ordinary members of our community   them.   people   people   people

For some participants the ways in which politicians and policy makers spoke about people living with suicidal feelings, served to reinforce the perceived distance between 'them' and 'us'.

The different understandings of the roots of suicidal feelings; to put simply, whether feeling suicidal was primarily a consequence of mental health problems and within the individual, or was primarily the results of unliveable socio-economic circumstances, and therefore could also be located in society; had knock on effects for participants reactions to the suggested suicide prevention plans.

Frustrated queer who finds surviving in a world set up to make existing difficult reflects on how life can be made easier to continue by Alex (Series 1, Workshop 1)
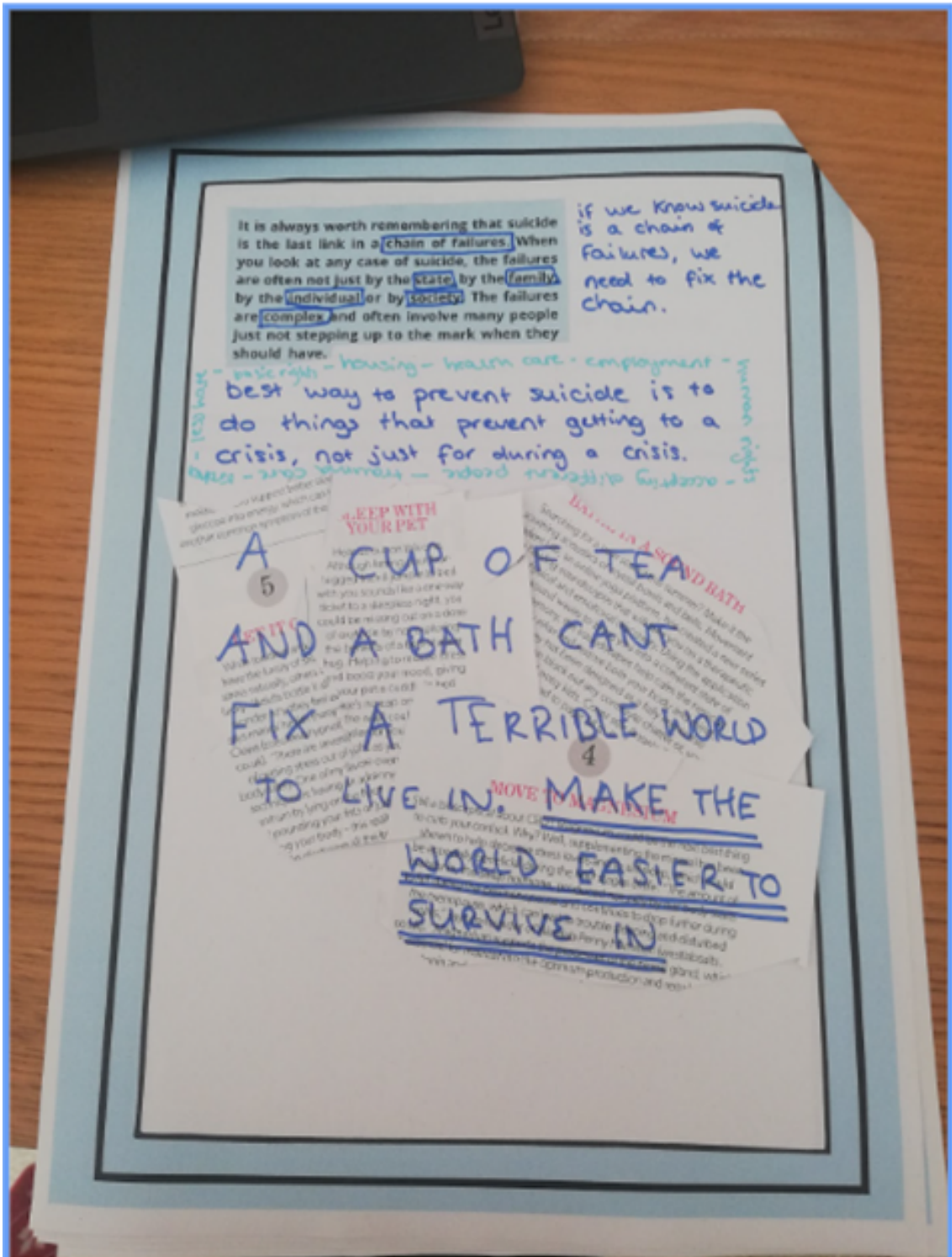
'Dear Minister... what are you going to do about it, this austerity thing? By Will – Series 2, Workshop 3.

DEAR MINISTER...

SUICIDE IS AN ISSUE OF CLASS + INEQUALITY, OPPRESSION + MINORITISATION — AS WELL AS HEALTH. WE CAN'T SLAP A PLASTER ON THIS WITH YET ANOTHER AWARENESS CAMPAIGN. I DON'T WANT TO "JUST TALK TO SOMEONE".

THIS IS A SYSTEMIC PROBLEM.

AS LONG AS WE ARE FAILED BY...
LOW WAGES   HOUSING   WORKING CONDITIONS   BORDER ABUSES
INACCESSIBLE   PRICES   CLIMATE   INSTITUTIONAL
HEALTHCARE   PUBLIC TRANSPORT   INACTION   RACISM, TRANSPHOB

HOW CAN WE BE WELL?
SUICIDE PREVENTION IS NOT ON THE INDIVIDUAL, OR EVEN ON THE COMMUNITY IT'S ON THE GOVERNMENT. THE ANSWER ISN'T TO PALM CARE OFF ONTO CHARITIES. THE ANSWER IS AN END TO AUSTERITY.

> Sam (Series 1, Workshop 2): I feel like there's also there's no, like, recognition that the poor service delivery by government in a bunch of these areas is responsible for some people's feelings of suicide – whether that's benefits, sanctions, you know, lack of access to care...and appropriate and timely medical care for trans people.

Across these pieces, although created in separate workshops, there appears to be a similar point: that structural solutions are needed to structural problems, including but not limited to tackling unemployment, austerity, transphobia, and racism; in short, addressing socio-economic inequalities.

This was in contrast to policy suggestions which tended to focus more closely on identifying people considered to be at risk of suicide, restricting their access to lethal means and encouraging them to access support to talk about suicidal feelings.

This had implications for what was deemed possible within mental health services.

Emma reflected on this from a practitioner perspective in Series 2, Workshop 1:

> Even in, like, mental health services, we're treating anxiety and depression, but we're seeing it as that person needs to change something. You know, if they do something different in their life, then they'll be better. When actually, you know, like, if you can't afford to pay your bills, or you know, you can't feed your kids, you know. [...] We're just trying to mask their symptoms, and again, exacerbating the problem and saying it's their fault.

Not only this, but some participants reflected on how the encouragement to reach out and talk about suicidal feelings did not take in account the paucity of support available, particularly for long term suicide prevention.

> Helen (Series 3, Workshop 1): if on our doorstep we have access to the right support networks and resources and, you know, for all the best will in the way, I don't think that we do have the best support and resources on our doorstep. But I would like to be able to go out on my doorstep and know that if I was struggling or anyone else that I knew was struggling, to be able to get that help. Because I think that can change someone's direction or thoughts about taking their own life.

Hollie (Series 3, Workshop 1).

A number of families raised with me the point that when young people go to an accident or emergency centre or to their GP and are concerned about their state of mind and vulnerability, it would be a good idea for them to have somewhere like a place of safety, somewhere they can go to and be put in contact with others who understand what they are going through. They should not just be given a piece of paper as a prescription and told to come back in a week's time. They need somewhere to go to where they can talk to people; that is vital.

" If the best people can hope for when they're in the worst moment of their life is A&E, then we're doing it all wrong. They don't want clinical intervention, they just want what I think is sanctuary. So I just cut out a lot of nice pictures. And I think, yeah, it's really sad I think and we've got to a really stark and bleak place where... yeah, someone who, at the worst moment, is sat in an A&E waiting room which is...we can all agree, the worst place that you can be when you're feeling low. And actually all people want, I think, is just safety and somewhere to go that they will be heard and their needs will be met. And that absolutely is political if they don't have that space to go to. "

> Stardew (Series 1, Workshop 1): The whole disconnect between the public, the NHS and the government. There's always this, I'm not in a waiting list, this is your fault, NHS. But actually there's a lack of resource and funding and effort on the government's part. So the person that really should be hold...held accountable aren't really...there's not that...it's, like, an overlook almost.

> Nneoma (Series 3, Workshop 2): the pressure that is pushed on NHS services or doctors or GPs to think about the impact and like referring people to psychiatric wards, who told you people want to be in psychiatric wards in the first place? What are the other modalities of care? I just find this, oh, so freaking boring.

'I keep talking, but no one is listening' by Will

public and personal in isolation collaboration Talk to Me 2 what will sustain the self Talk to Me 2 strategies and action plans, the national or the local Talk to Me 2 people have priority a concern, improvement is needed. stop preventing support Help 'help-seeking' en I would like to Talk

> "Time and again, we hear the Prime Minister say that mental health will be given parity with physical health, but it seems to be all talk and no action. Money is not being put into mental health.
>
> Dawn Butler, House of Commons, 29th November, 2018.

In this black-out poem Will appears to be directly responding to the refrain in Wales' suicide prevention policy "talk to me", which is also the policy's title, by highlighting the need for listening to those who want to talk. This also perhaps speaks to comments by politicians and by policy makers that encouraged people to reach out and talk about suicidal feelings, without considering whether there were sufficient services available to provide support.

Will's poem could be seen as evidence of the importance of everyone joining in and taking an active role in suicide prevention, but Will was actually highly critical of this approach. He described the ways in which he was concerned that collaborations between policy makers and politicians and Third Sector organisations and grass-roots groups could result in community groups being asked to do lots more work, with very few additional resources.

Underlying this resistance was an over-whelming distrust in governments. Helen (Series 3, Workshop 2) reflects here on Clare Haughey's ministerial foreword in Scotland's Every Life Matters strategy) :

> I, kind of, noted or commented about it, that it's very wabbit. That's a very Scottish word, wabbit, which means really like paper-thin or no substance, insulting, really, basically, and mealy-mouthed which just means it's like words which, really, anyone can spout forth, basically and what do they actually mean?

Along similar lines Sam (Series 1, Workshop 1) commented:

> I suppose that's another thing to me that is part of it, being political is it's a...you know, stand up, say the soundbites...I don't think you'd be able to find any member of Scottish parliament who'd say, oh yes, I think suicide is no problem. But then actually that doesn't turn in to, sort of, concrete actions. So it's just, kind of, political football rather than, like, a...I suppose, yeah, rather than a tangible course of action, or that's what it feels like often.

The Rigidity of Noise by Caoimhe (Series 1, Workshop 4)
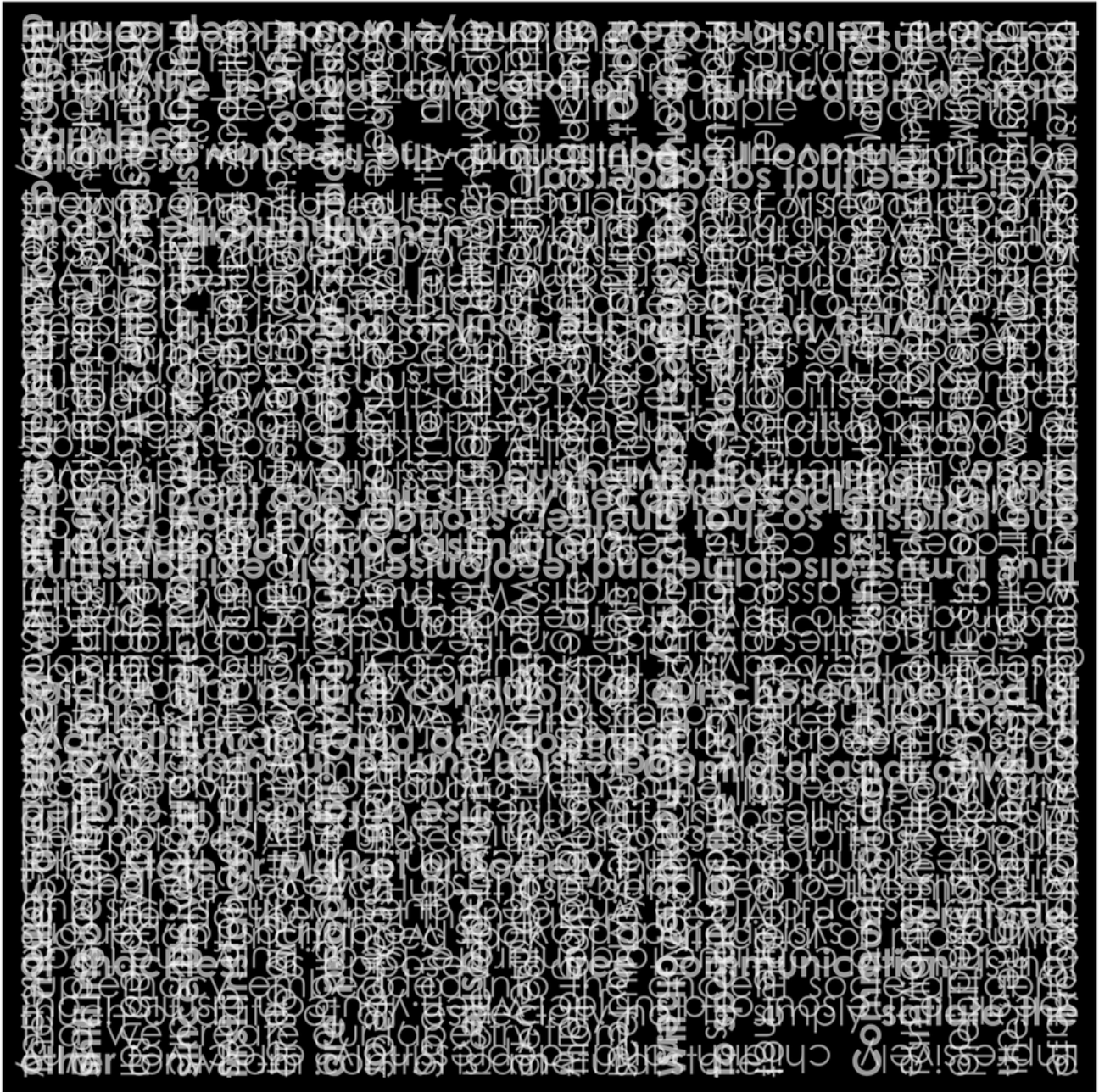
"It's all bullshit!"

By Onyx (One-off workshop (4))

Some of the mis and distrust articulated by participants was a more general response to the UK's political systems, which at the time of the research was undergoing a particularly tumultuous time with three prime ministerial changes. But some was a direct response to the content within the policies and political debates.

For example, responding to Jeremy Hunt's ministerial foreword in *Preventing Suicide in England's Third Progress Report*, Nneoma (Series 3, Workshop 2) said:

I found it also really interesting that he was talking about the need to better fund different community services […] he's going to pump so much money into x, y, z.Then he listed some things that he was going to do […] I just thought, these are bits of…these are services that were funded previously. You've just through the government legislation for years and years of cuts…years and years under austerity. They've been gutted and all you're doing is like giving them the money back.

The lack of responsibility taken by governments for their own political decision making here, seemed to add to the overall disappointment with the funding plans.

To sum up...

Understanding suicide: Participants in our workshops challenged the idea that suicide was a purely mental health problem, contained within individual minds and bodies, and encouraged us to also locate the roots of distress in the socio-economic consequences of the decisions made by policy makers and politicians.

Thinking differently about suicide prevention: although talking about suicidal feelings, whether with loved ones or professionals, was not discouraged by participants in our workshops, they did raise some questions.

Firstly, they questioned whether a focus on encouraging people to **talk** about suicidal feelings, sufficiently took into consideration the availability of services who could **listen** and **provide support.**

Secondly, they also explained the ways in which they thought that the roots of suicidal feelings extended beyond bodily boundaries, into the social, economic and political contexts in which people lived.

As a result changes within these contexts were also considered by participants, an essential part of suicide prevention.

Political mis and distrust: one of the key challenges for participants engaging with the policies and political debates was a lack of faith in policy makers and politicians. Participants felt that politicians often wanted to **say** the right thing, but were unwilling to **do** the right thing. As a result they struggled to trust that what they said would ever be done.

To wrap this up...

This zine offers a small snapshot into workshop participants' responses to discussions of suicide and suicide prevention in the UK's parliaments, assemblies, prevention policies and charity documents.

But not everything could be included here so if you have questions or would like to know more, get in touch with us via Twitter @SuicidePolitics or email hazel.marzetti@ed.ac.uk