



A New Focus for Suicide Prevention



Why we carried out this research: Finding a new focus for suicide prevention

SANE's suicide research is informed by the belief that the people who stand the most chance of preventing suicides are ordinary people, the friends, colleagues, neighbours and family members of those whose lives are at risk. Only one in four people who kill themselves are in contact with the mental health services, and that means that health care professionals are often not in a position to help people who are feeling suicidal.

Despite this important role for ordinary members of the community in suicide prevention, it is mostly left unrecognised and unsupported. Most suicide research is geared to help *professionals* to identify those at risk and to respond, while the evidence base to assist *friends and family* as they struggle to spot signs of danger and to help is very thin indeed.

With this research project we aimed to make a sizeable contribution to that evidence base and enable a much larger proportion of the community to take part in preventing suicides than is possible at present. In doing so, we believe that health care professionals will also benefit from the increased understanding of the process of suicide; despite all the research to date, predicting a suicide is still incredibly difficult and many care providers are not able to respond appropriately when a risk is identified.

Understanding suicide from a first-person perspective

In order to carry out this study we used a qualitative method called 'grounded theory'. We took a qualitative approach because most existing suicide research focuses on quantifiable risk factors (bereavement, unemployment, etc.) and psychiatric diagnoses. In doing so it overlooks the many different ways in which someone might be feeling suicidal, and the varied signs and behaviours which might be noticeable to those around them. Also, quantifiable risk factors are never sufficient as *reasons* for suicide; focusing on them renders suicide impossible to understand. What is needed is an account of the suicidal process in which those risk factors *do* explain suicide, given the person's lived background experience.

Our interpretation of the method is to start with the freely told stories of our participants without much interference from the researchers, and to learn from these to come up with further, more specific questions. In a grounded theory study, you try to stay as theory-free as possible until you've actually talked with your participants. That is how you end up with a theory that is 'grounded' in the experiences of your participants. In a sense this process is the opposite of the standard scientific research project, in which you start with a theory and a hypothesis you are trying to support.

In grounded theory there is also open-mindedness regarding what counts as evidence, so we were able to include diaries and poems and other such materials in the study. Literature

in grounded theory is used at a late stage in the study, and from a wide range of disciplines. When we had analysed what people had told us sufficiently to know that trust, worth and exhaustion were going to be important, we reviewed books and articles from philosophy, psychology and even neuroscience to refine and deepen our understanding of the process.

As in all grounded theory, our aim was to explain, as well as to describe. So although we were interested in the lived experience of suicide (what it is like for those involved), we also wanted to understand the process of suicide and attempt suicide.

Background research

Our earlier qualitative study, supported by the James Wentworth-Stanley Memorial Fund, of the experience of suicidal feelings provided a solid foundation for this project. To learn more about this study please visit http://www.sane.org.uk/resources/research_studies/

The research team

The study leader is Outi Benson. Outi graduated from University of London (Birkbeck College) with an MPhil in Philosophy, and her main research focus is on the subjective experience of mental health problems and how service user insights can be combined with philosophical theory and used to inform the science of psychopathology and care development.

Susanne Gibson has a PhD in Philosophy from Cardiff University and, in addition to her qualitative research experience, has expertise in medical and professional ethics. She has published in a variety of journals including *Bioethics*, *Journal of Medical Ethics*, *Res Publica*, and with other members of the SANE Research Team, in *Nursing Ethics*, *Journal of Consciousness Studies*, *BMC Psychiatry* and *Suicide and Life-Threatening Behaviour*.

Sarah Brand completed a PhD in Cognitive Psychology at UCL in 2007 and has also worked as a Research Psychologist at Great Ormond Street Hospital and a Post-doctoral Researcher at Melbourne University. Since working for SANE she has continued to research mental health as a Research Fellow at the University of Exeter and the University of Plymouth.

Zoë Boden joined the research team at SANE after undertaking a PhD in Psychology within the Interpretative Phenomenological Analysis (IPA) research group at Birkbeck, University of London. Her thesis was a qualitative exploration of men's experiences of guilt and guilt feelings, and allowed her to develop her interests in embodiment, temporality, narrative, and multi-modal data collection methods.

Gareth Owen has a PhD in Sociology and joined the SANE research team in June 2011 to work on the New Focus for Suicide Prevention study. He is a member of the mental health research group at the University of Exeter Medical School, and has been involved in projects investigating public involvement in suicide prevention; recognising the early signs of dementia; and the experience of ageing with HIV.

Our Advisory Group

Paddy Bazely, Maytree Suicide Respite Centre

Dominic Dougall, Psychiatrist, Central and North West London NHS Foundation Trust

Hamish Elvidge, The Matthew Elvidge Trust and The Alliance of Suicide Charities (TASC)

Sophia Gill, Author with first-hand experience of suicide and self-harm

Clara Humpston, Researcher and author with first-hand experience of attempted suicide

Jon Humpston, Partner of Clara Humpston

David Jimenez, Psychiatrist, South London and Maudsley NHS Foundation Trust

Clare Milford-Haven, The James Wentworth-Stanley Memorial Fund and The Alliance of Suicide Charities (TASC)

Christabel Owen, University of Exeter Medical School

Lucien Randall, SANE services volunteer

Matthew Ratcliffe, Department of Philosophy, University of Durham

Lauren White, SANE services volunteer

Audio and video content production

Direction: Alice Lacey

Videography and edit: James Watts

Actors: Helen Cleather

Paul Clerkin

Judith Eveson

Sakuntala Ramanee

Joseph Rowe

Rhik Samadder

Conor Short

Molly Small

Who took part?

We talked to people who had, in the previous 5 years, lost a close friend or relative through suicide. We also talked to people who had attempted suicide themselves within the last 5 years, together with their close friends or relatives. The 'significant others' we spoke to included mothers, fathers, partners, sons, daughters, sisters and sisters-in-law, and friends.

We interviewed 14 people who had attempted suicide, and 15 of their family or friends, and 25 people bereaved by suicide (21 cases of completed suicide)

Of those who had attempted suicide, 79% (n=11) were female and 21% (n=3) male. Of those who had completed suicide 38% (n=8) were female and 62% (n=13) were male

The age range of those who had attempted suicide was 19-55 years, with a mean age of 40 years. For those who had completed suicide, the age range was 21-63 years, with a mean of 40 years.

Using our results to help everyone to help prevent suicide

The web resource based on our findings, and developed together with people who have been suicidal, families bereaved by suicide and support professionals, is designed to communicate with as wide an audience as possible, so that more people can recognise when someone might be suicidal and do something to help. This online resource will be supplemented by information leaflets distributed through GP surgeries.

Our findings will also be used to make our own services better, and improve the way our helpline and email volunteers recognise and respond to suicidal distress.

The results will inform our campaigning and media activities, as we work towards better recognition of and support for family members and friends when they try to prevent suicides, and to raise awareness about suicide among the general public. So, for example, we will write about our research to the relevant policymakers and inform journalists who are writing about suicide in the media. In addition, we'll write articles for publication in academic journals and speak about our research at conferences.