Guest editorial

Sarah Waters and Julian Ashton

We are delighted to bring together this rich and diverse selection of papers for our special issue on "Suicide and self-harm. New research directions", each presenting emerging research and policy developments from the UK and internationally.

It is important to note that suicide remains one of the leading causes of death worldwide, and more than 700,000 people lose their life to suicide each year (WHO, 2021). While more people die by suicide than by malaria, breast cancer, HIV or as a result of war or murder, it does not receive the same level of attention given to other global health issues (Yip *et al.*, 2021). International organisations such as the World Health Organisation have called for urgent new research to help us understand the causes and contexts in which suicide occurs. This special issue is partly an attempt to respond to this call, by presenting new developments in research and policy across different disciplines and national contexts.

A key aim of the special issue is to present papers that cross disciplinary and national boundaries and help build connections across different critical perspectives, cultural contexts and policy experiences. Our aim is to contribute to ongoing efforts to open up suicide research to a broad range of analytical and disciplinary perspectives, beyond the core domains of the medical sciences, and ensure that suicide and self-harm are not reduced to any singular or mono-causal explanation (Button and Marsh, 2020). As critics show, reducing explanation of suicide to mental health issues not only hampers advances in research but also leads to a form of "othering" that "treats those who struggle with mental health problems as being qualitatively different to those who don't." (O'Connor, 2021, p. 84). As Rory O'Connor notes, we all have mental health and are all situated somewhere on the continuum between mental health and mental ill-health. This special issue features papers across the full breadth of suicide research, with contributions from researchers in public health, sociology, the humanities, medicine and psychology.

The contributors are particularly attentive to the social and structural dimensions of suicide and self-harm. Since Emile Durkheim's *Le suicide* (1897), we know that suicide transcends the individual and reflects broad structural divisions and inequalities in society at a given historical period. Suicide and self-harm are relational and socially conditioned. Many of the papers in this issue are concerned with the impact of social inequalities linked to welfare reform, working conditions or racial inequities on suicide patterns. Such inequalities are evident in international suicide statistics which show that 77% of suicides occur in low and middle-income countries (WHO, 2021). In her study of benefits-related suicides in the UK, China Mills shows how government welfare reform rhetoric frames claimants as burdens and therefore tends to exacerbate conditions of suicidality. Her paper challenges the claims of Joiner's dominant Interpersonal Theory that such "burdensomeness" is an individual misperception that has no basis in reality (Joiner, 2005). Similarly, Ryan Robertson and his co-authors examine how structural inequities across US states, linked to educational attainment, minimum wage and incarceration rates, differentially influence suicide rates by race and may increase suicide risk for black compared with white people.

Suicide and self-harm are also gendered problems. More than twice as many males die due to suicide worldwide as females, and suicide rates among men are generally higher in high-income countries (WHO, 2021). In their public health case study, Claire Hanlon and her co-authors discuss a community-based therapeutic suicide prevention service (The James'

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Place service) designed for men experiencing suicidal crisis. Critical to the success of this model has been a theory-driven model of suicidality that draws on co-production, involving those with lived experience of suicide, those bereaved by suicide and health professionals.

Over the past two years, mental health has been profoundly affected by the Covid-19 pandemic which has triggered a surge in demand for mental health services in countries across the world. Although, preliminary research suggests that the pandemic has not led to a rise in suicides or rates of self-harm, its long-term effects have yet to be fully evaluated and understood (Appleby *et al.*, 2021; Kapur *et al.*, 2021; Rouling, 2021). The ongoing mental health crisis has disproportionately affected children and young people. In the UK, for instance, there was an increase of 96% in the in the number of children and young people referred to mental health services between April and June 2021 compared with the same period in 2019 (RCP, 2021). These are also groups who are disproportionately affected by self-harm. According to one study, the highest rise in prevalence of self-harm over the past ten years is among young women aged 16–24 years (Mayor, 2019). A number of papers in the special issue focus on issues of self-harm among young people. In their systematic review of the published evidence, Cathy Brennan and her co-authors show that online content on suicide and self-harm can be both helpful and harmful: while it may provide a sense of community, identity and belonging for some, it can trigger acts of self-harm for others. The authors argue for a more nuanced approach to promoting safer online spaces, one that avoids blanket regulation or a suppression of material. Slyvanna Mirichilis and her co-authors focus on non-suicidal self-injury amongst Australian university students, examining the factors that influence disclosure. They show how a better understanding of these factors could help to encourage disclosure and therefore provide opportunities for intervention to reduce suicide risk. In their public health case study, Molly Cross and Tim Clarke present findings from developing a community-based rapid response pathway (RUSH) based in Norwich (England), designed to support children and young people engaged in or at risk of self-harm. This pilot scheme resulted in a decline in reported rates of self-harm amongst participants and offers valuable findings for similar service models.

International organisations emphasise that suicides can be prevented through timely, evidence-based interventions (WHO, 2021). Furthermore, the UN has set as a target to reduce the suicide mortality rate globally by one-third by 2030, as part of its Sustainable Development Goals. Reaching this target will depend on the effectiveness of national suicide prevention policies and strategies. Two of the papers in the special issue address the question of suicide prevention from the perspective of policy and regulation. In their paper on UK suicide prevention policies, Hazel Marzetti and her co-authors show that while these policies present opportunities to move beyond an individualistic and psychologised focus, they rarely do so, and instead construct suicide as an individual health problem that is dislocated from its broader context. In their paper on work-related suicides, Sarah Waters and Hilda Palmer point to serious shortcomings in the UK's regulatory response, arguing that because these suicides are not formally recorded, investigated or regulated, further similar suicides are not being prevented. The paper draws on a report that the authors presented to the Workplace Health Expert Committee in October 2021, which advises on emerging workplace health issues. The HSE introduced its first guidelines on suicide prevention at work in November 2021 (HSE, 2021).

There are many positive initiatives that have arisen as a response to individual suicides. Two examples from the South West of England stand out. A group of North Devon teenagers, aged 14–16 years, formed Spark UK in 2020, developing lesson plans, newsletters and videos on mental health used widely in schools. On the subject of how to deal with suicidal thoughts, they took advice from adult experts while making sure it was their own voices that are heard (www.sparkuk.co.uk) . Similarly, the Lions Barber Collective was started in 2015 by a Devon barber, who realised that he was in a position, through his job, to help others who may not seek help themselves. Thousands of barbers and hairdressers have taken the Collective's mental health training courses, to enable them to recognise signs, to listen and to

respond to their clients' crises (www.thelionsbarbercollective.com). There are, no doubt, many other initiatives addressing similar needs, throughout the world.

References

Appleby, L., Richards, N., Ibrahim, S., Turnbull, P., Rodway, C. and Kapur, N. (2021), "Suicide in England in the COVID-19 pandemic: early observational data from real time surveillance", *The Lancet Regional Health - Europe*, Vol. 4, doi: 10.1016/j.lanepe.2021.100110.

Button, M.E. and Marsh, I. (Eds), (2020), *Suicide and Social Justice, New Perspectives on the Politics of Suicide and Suicide Prevention*, Routledge.

Health and Safety Executive (2021), "Suicide prevention", available at: www.hse.gov.uk/stress/suicide.htm (accessed 20 January 2022).

Joiner, T. (2015), *Why People Die by Suicide*, Harvard University Press, Cambridge, MA.

Kapur, N., Clements, C., Appleby, L., Hawton, K., Steeg, S. and Waters, K. (2021), "Effects of the covid-19 pandemic on self-harm", *The Lancet*, Vol. 8 No. 2, (accessed 20 January 2022), available at: www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(20)30528-9/fulltext

Mayor, S. (2019), "Major rise in non-suicidal self harm in England, study shows", *BMJ*, Vol. 365, p. l4058, doi: 10.1136/bmj.l4058.

O'Connor, R. (2021), *When It is Darkest, Why People Die by Suicide and What we Can Do to Prevent It*, Ebury Publishing.

Royal College of Psychiatrists (2021), "Record number of young people and children referred to mental health services as pandemic takes its toll", available at: www.rcpsych.ac.uk/news-and-features/latest-news/detail/2021/09/23/record-number-of-children-and-young-people-referred-to-mental-health-services-as-pandemic-takes-its-toll (accessed 20 January 2022).

Ruoling, C. (2021), "The complex picture of self-harm during the COVID-19 pandemic", *The Lancet Regional Health – Europe*, Vol. 6, doi: 10.1016/j.lanepe.2021.100123.

WHO (2021), "One in 100 deaths is by suicide", available at: www.who.int/news/item/17-06-2021-one-in-100-deaths-is-by-suicide (accessed 20 January 2022).

Yip, P.S.F., Zheng, Y. and Wong, C. (2021), "Demographic and epidemiological decomposition analysis of global changes in suicide rates and numbers over the period 1990–2019", *Injury Prevention*, doi: 10.1136/injuryprev-2021-044263, Online First: 16 August 2021.