Barking up the wrong tree? Considering the case for an ecological, public health approach to suicide prevention in Canada.

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**Background:** Examination of the Canadian epidemiological data on suicide, methodological limitations notwithstanding, reveal no appreciable downward trend in national suicide rates from the 1950s until present day; indeed there is a slight upward trend. During this period of time, suicide has been viewed as a mental health issue and addressed primarily through clinical, individual-focused interventions.

**Aims:** In light of these data, this paper will consider what strategy(ies) or approach(es) might be endorsed as those most likely of leading to significant reductions in the national suicide rates.

**Results:** By drawing on relevant theoretical and empirical literature, and national suicide prevention strategies that already exist in other countries, we argue that an ecological, public health approach holds the greatest promise. This argument is further fortified when one examines the Canadian examples where elements of an ecological suicide prevention strategy have already been incorporated and operationalized.

**Conclusions:** While it may be disquieting prospect, the mental health care community should acknowledge that intra-personal, individually-focused aspects of suicide prevention represents only part of the solution to the problem of suicide in Canada. Accordingly, the federal government needs to support the production of a national, ecologically-based, public health approach to suicide prevention in Canada.

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**National Suicide Prevention Strategy??**

1. No appreciable downward trend in national suicide rates from the 1950s until present day; there is a slight trend.

2. No positive correlation between the extent of our formal suicide prevention efforts and a reduction in national suicide rates.

3. Formal study of suicide started in earnest in the 1950s; this effort has yet to lead to statistically significant reductions in national suicide rate.

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**Ecological Health Promotion.**

Widely used in Public Health. Health is determined by a range of inter-related factors. Such approaches consider: Individual, Social, Environmental, Interpersonal, Organizational, Seek to stimulate change in behavior by targeting environmental factors. Community and Public Policy factors. No one single factor can provide an adequate explanation.

Individual-behavioral change models place the responsibility for poor health on the individual and largely ignore the complexity of the causation of poor health.

Studies indicate individual-behavioral change models have limited efficacy – particularly poor at reaching and influence rural or isolated groups – limited to short term impacts.

**Concluding Remarks**

Medical education is based on a Descartian, reductionist philosophy where the human body is viewed as a ‘machine’ which is ‘reduced’ into its constituent parts to examine their respective functions. Within such ontological views, the whole person is just the sum of their individual parts, pathologized independently from phenomena and concepts that exert influence from outside the individual. Such approaches logate the ‘problem’ of suicide as existing in the individual; they see suicide as a ‘breakdown’ or dysfunction of the ‘human machine’.

Others approaches emphasizing the sociology of health and illness; cultural influences and determinants of health or social constructionists views may prove more effective in suicide prevention. As valuable as our current suicide prevention efforts may be, “the most successful rural models appear to be community-based integrative prevention services and wrap-around services that incorporate the larger rural community, suggesting that recruitment, engagement, and education of rural communities may result in better identification, prevention, and treatment of suicidal individuals” (Hirsch, 2008, p192).