Editorial

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I have been told my great-grandfather drowned in the Baltic, watched helplessly from the shore by his little boy. Here, around the British Isles, the National Water Safety Forum reported 121 deaths by drowning at sea or on the shoreline, in 2015.

In contrast, the UK registered 6,188 deaths by suicide in the same year. In 2017, World Health Day (7 April) focussed on depression. This choice came from the worldwide concerns about depression and suicide: suicide is now the second leading cause of death among the group aged 15-29 years (World Health Organization, 2017).

A 2015 illustration from the UK that might interest academic readers: a record 134 university students killed themselves (Seldon, 2017). Adult males over 35 years old and working in construction have the highest risk of suicide (three times the English average: Department of Health, 2017). But for adult women, the high-risk occupations are familiar to many readers of this journal: nurses, teachers and women employed in culture, media and sport (69 per cent above the English average). Some risk factors are geographically clustered. The Psychiatrist Dev Anand Malayandi Lakshmanan has been shortlisted for this year's *BMJ* Award for his suicide prevention work in County Durham with males over 70 years old. There, pre-existing mental health problems, loneliness or loss of support, worries about physical health, and chronic pain, together contribute to high mortality (Hawkes, 2017).

At a global level, suicide among healthcare workers shows an alarming growth (*The Lancet*, 2017) and the US National Academy of Medicine is leading a multi-centre collaboration to reverse the current trend.

At all ages, Birch (2017) writes that a relentless "me-first" society is cruel and increases the sum total of loneliness. Research for the Jo Cox Commission found two-thirds of the nine million British people identifying as "lonely" do not want to talk about it (Birch, 2017). To mark 30 years after the Ottawa Charter on health promotion, the European Public Health Association has produced the Vienna Declaration (McKee *et al.*, 2016), that "means to give voice to the weak and to make the invisible visible".

For individual patients in clinical settings, both stable and dynamic features have been identified with a risk of suicide (Sinclair and Leach, 2017). However, the latest systematic review of psychiatric tools currently used to predict patient suicide found no "high-risk" classification was clinically useful (Carter et al., 2017).

Recently, witnesses to the House of Commons Health Committee stressed the importance of whole community public involvement in suicide reduction. A need was recognised by the Committee to support many vulnerable people, who were not in contact with any health services. The Committee embraced innovative approaches, and recommended that:

Local authorities should include in suicide prevention plans a strategy for how those who are at risk of suicide but are unlikely to access traditional services will be reached. This should include up-to-date knowledge about what services are available in the voluntary sector (House of Commons Health Committee, 2017).

The British Psychological Society responded that:

There is a particular need to focus more on prevention. The Government must ensure investment in research into public mental health interventions and research into innovative brief psychosocial interventions (employing a range of delivery methods and modalities) to reduce suicidal ideation, suicidal behaviours and deaths by suicide (Kinderman, 2017).

This issue of *JPMH* is built around non-clinical, community initiatives that could engage people who are not in contact with health services. Lister *et al.* describe conservation work through a Green Gym that promotes mental resilience and Breslin *et al.* use the "social community network" of amateur sports to promote shared acceptance of people with mental health problems. Public health needs the underpinning of good population science, and Richardson *et al.* unpick the impact of loneliness on mental health in students. Community assets for health improvement need to be identified, and the potential role of teachers in supporting new parents is reported here by Cuddihy. At the level of first contact, many people with mental health needs do not present with disorders that are easily diagnosed. Payne and Brooks describe a promising intervention for those who present with non-specific but very distressing symptoms like fatigue and pain. Sometimes the awareness of mental health needs across a whole society needs to shift, and Ottewell uses the case of the Japanese media to describe a growing awareness of depression and its fatal consequences.

Preparing this issue in Cambridge, I enjoyed visiting the community group Arts and Minds. They welcome many local adults that might otherwise have felt left out, useless and alone (www.artsandminds.org.uk). For vulnerable young people, the suicide prevention project Hector's House (Caan, 2016) centres on the co-production of wellbeing "as a means to give voice to the weak" (McKee et al., 2016). Within affluent nations of the Americas and Australasia, the indigenous people can be at greatly increased risk of suicide. But a local asset, like one visionary teacher for an Inuit village in Canada with "sky-high" suicide rates, can help transform their community (Pells, 2017).

Thinking of my great-grandfather, in 2015 the Royal National Lifeboat Institution (RNLI) launched lifeboats 8,228 times, rescuing on average 22 people per day. That year RNLI calculated they saved 442 lives.

The House of Commons Health Committee, above, heard evidence from RNLI. On the River Thames (which flows past Parliament) 44 per cent of their activity is in relation to suicide. Nationally, the key objective of the RNLI is not preventing suicides. But, even that Institution is considering how their role as first responders (to incidents on the water) fits into a wider multi-agency collaborative approach to suicide prevention.

Launching psychosocial lifeboats

Drowning takes many forms.

But each drowning soul: sees no future, only past.

Shall we watch more lives wrecked, or make leaps through waves and winds, to reach.

Out, at last?

Hopeless and helpless storms.

Entrap, then forsake - unless help lifts.

Up, and fast.

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