

Professor Brian L. Mishara

Director, Centre for Research and Intervention on
Suicide and Euthanasia

Professor, Psychology Department

Université du Québec à Montréal (UQAM)

e-mail : mishara.brian@uqam.ca



Brian Mishara is Professor of Psychology and Director of the Centre for Research and Intervention on Suicide and Euthanasia (CRISE) at the University of Quebec at Montreal. He was the 2005-2009 President of the International Association for Suicide Prevention. His publications, including six books in English and five in French in the areas of suicidology and gerontology, include research on the effectiveness of suicide prevention programmes, studies of how children develop an understanding of suicide, theories of the development of suicidality, ethical issues in research, euthanasia and "assisted suicide," and evaluations of helpline effectiveness. Besides his university activities, Professor Mishara was a founder of Suicide Action Montreal, the Montreal regional suicide prevention centre and the Quebec Association of Suicidology. He was a past president of the Canadian Association for Suicide Prevention.

Models for Understanding the Relationship between Mental Illness and Suicide and their Implications for Suicide Prevention

Abstract

Although the presence of a mental disorder is highly associated with suicide in developed countries, there is little research on the mechanisms that explain why people with a mental disorder are at greater risk of suicide. We describe five alternative explanatory models of the relationship between mental disorders and suicide and their implications for prevention activities: 1. Suicide and mental disorders have a common aetiology; 2. Some mental disorders are alternatives to suicide; 3. Suicide is a direct consequence of mental disorders; 4. Suicide is the result of the consequences of living with a mental disorder; 5. Suicide results from treatment, it is "iatrogenic" or related to inadequate, inappropriate or incomplete treatment. Implications of each model for suicide prevention are discussed. For example, if a major explanation is that living with mental disorders leads to increased exposure to well known and easily identified risk factors, this suggests the need for greater focus of prevention activities on improving the lives of persons with mental disorders. We challenge the simple conclusion that, because mental disorders and suicide may be highly associated, therefore treating mental disorders is the best suicide prevention strategy. We suggest that understanding *why* people with a mental disorder are at more risk of suicide can help us to understand why only a minority of people with mental disorder complete suicide as well as how to prevent suicide in persons with mental disorders.