

Profile

Rory O'Connor: inside the suicidal mind

"At the age of 11, I met a psychologist. What struck me was the way he saw mental health as a continuum. We all have mental health but our diagnostic approach often gets caught up in boxes and labels. He was talking about understanding the whole person and I was really impressed." It might be hard to imagine an 11-year old having these thoughts, but less so when you meet Rory O'Connor, now Professor of Health Psychology at University of Glasgow (Glasgow, Scotland, UK), who was surely born to be a psychologist.

"After 22 years of working in suicide research, I eat, drink and breathe suicide research, sadly", O'Connor adds with a smile. This is evident when you meet him—he speaks with a passionate authority about his subject, his charismatic energy leaving you wanting more of his time, for more conversation.

While he was at Queen's University Belfast (Belfast, Northern Ireland, UK), his supervisor suggested he apply for a PhD on suicide. It was unsuccessful but his "appetite was whet for understanding suicidal thinking and behaviour", fulfilled when he earned a scholarship. Then a move to Scotland, and a host of academic, advisory, and research posts followed.

Aside from being Director of the Suicidal Behaviour Research Laboratory, he is also head of the Mental Health and Wellbeing Research Group, both at Glasgow University. He was the first UK-based holder of the Presidency of the International Academy of Suicide Research, now past president, and is associate editor of two leading specialist suicide journals. He also sits on the Scottish Government's national suicide prevention strategy implementation and monitoring group, he sat on the National Institute for Health and Care Excellence self-harm management clinical guideline group, and his research informs training models for Samaritans and other crisis helplines.

O'Connor is deeply affected by two personal events; a very close friend and colleague died by suicide 8 years ago, followed by his mentor a few years later. "When I started out I had no direct experience of losing anyone to suicide. I now have a different perspective of the importance of the work we do. I am still absolutely devastated but what both these deaths highlighted was the scale of our challenge." Keith Hawton (Oxford University, Oxford, UK), an eminent researcher with unrelenting passion, has inspired O'Connor to rise to and overcome challenges with tireless enthusiasm. While completing his PhD, O'Connor met the clinical psychologist who had such an impact on him as a young boy. "I told him how he helped me choose psychology over medicine and ophthalmology—the right decision", O'Connor says.

O'Connor was always interested in the usefulness of psychology as a scientific discipline, and was inspired by Mark Williams, Oxford University, who conducted "innovative

research into suicide" and who could communicate his findings of "sound science" with admirable ease. "Being able to manipulate variables in a laboratory; combining experimental- and clinical-based work using qualitative as well as quantitative methods, and finding different ways to ask the same questions keeps me engaged and motivated."

"First and foremost I see suicide as a behaviour. When you treat it as a behaviour you open up a whole range of avenues to help understand why an individual engages in that behaviour, and then ways in which you can intervene." O'Connor has an angle on suicide that is best illustrated by the Integrated Motivational-Volitional Model of Suicidal Behaviour (IMV), a theoretical and predictive model that O'Connor designed to help understand why people die by suicide. He explains that epidemiological data and demographic profiles are vital; however, the work that he and his team do in the internationally renowned Suicidal Behaviour Research Laboratory, draws from a mesh of disciplines, such as psychology, psychiatry, social science, and sociology. By doing this he hopes to go beyond identifying the at-risk population in order to understand "why it is that one individual on one particular day perhaps after experiencing one or more life events decides to kill themselves." O'Connor clarifies that despite the multivariate determinants "suicide is still a psychological phenomenon because an individual makes a decision to kill themselves, and anything that involves decision-making is psychological."

Evidence-based research about what works to prevent suicide is limited, and is chronically underfunded, O'Connor says. To make his point O'Connor refers to the statistics published by the UK mental health charity MQ (London, UK): for every £1 spent by the Government on mental health research, the general public gives just 0.3p. The equivalent general public donation for cancer is £2.75, but the estimated economic and social cost of mental disorders in England alone is £105 billion.

The psychological challenges are complex, but one area that is still holding us back is stigma, O'Connor says. Although improved in the past 20 years, suicide remains a taboo for many; suicide is still the Big S in the way that cancer was a couple of decades ago. O'Connor looks after his physical and mental health by playing as much tennis as time will allow, or watching the big matches. His mirror twin is also a professor of psychology at Leeds University (Leeds, UK). They collaborate at work, but perhaps some good old-fashioned brotherly rivalry takes place on the tennis court? I might have to ask if he has a competitive streak—I am willing to bet he does.

Jules Morgan



For the **Suicidal Behaviour Research Laboratory** see <http://www.suicidresearch.info>

For more on **MQ** see <https://www.mqmentalhealth.org>

For more on the **IMV model** see <https://sites.google.com/site/suicidalbehaviourresearchlab/the-imv>