

### **‘A little knowledge is a dangerous thing.’**

The proverb ‘a little knowledge is a dangerous thing’ is often touted as a reason for not providing people with information on many topics.

I’ve experienced this regularly in relation to mental health and psychological knowledge; remember the decades when suicide was a completely off-limits topic for most New Zealanders? Some Professors within the mental health sector even actively promoted that it remained a silent topic and not something suitable for open discussion.

What was the result?

The rate of people taking their own lives continued to grow.

### **No knowledge at all was catastrophic.**

That’s not a proverb or phrase; it’s a reality.

Facilitating mental health promotion and prevention, as recommended by He Ara Oranga (The Report of the Government Inquiry into Mental Health and Addiction), requires people to attain knowledge and understanding, which can only be achieved by undertaking outcome-based education training.

### How does sharing knowledge improve outcomes?

Providing outcome-based information enables a person to develop knowledge, understanding, tolerance and acceptance of the many diverse human behaviours that are experienced minute by minute, hour by hour, and day by day. It’s necessary to create change.

Here’s an analogy: A person learning to drive first develops **knowledge** and **understanding** of the Road Code and how to operate a vehicle. Once they start driving, they have an L Plate, which enables other road users, who already know and understand how to drive, to be **tolerant** of their attempts to learn a new skill.

Those three components then enable **acceptance** of the process of turning a learner into a confident and capable driver.

Whether it’s learning to drive or learning about mental health, enabling people to understand basic human behaviours, reactions, and interactions provides a level of **acceptance**.

### Learning about normal and abnormal responses

Learning about the difference between a normal and an abnormal response is one area of mental health education where ‘a little knowledge’ isn’t always shared.

For example, sadness is a normal response to an abnormal situation. It is not the same as depression (an *abnormal* response to a *normal* situation), and it doesn’t need fixing.

Anxiety is the same; it’s a normal, essential human trait. Without anxiety, we would fail any attempts at developing survival methods or resilience; it is a normal, primal response that does not need fixing.

### The positive power of ‘a little knowledge’

Over the past few years, by providing people with a little knowledge - via many different mediums - the suicide rate has fallen in some age groups.

This may be considered anecdotal evidence, but it's pretty compelling.

In the last two years, the number of people taking their own life has fallen: that's a fact.

Another fact, which is often forgotten when we look at the numbers, is that each number represents an individual (a real person) who is alive, and the people that surround them can continue to be part of the person's life.

The efforts of Mike King, and others who have focused on youth suicide by providing knowledge and understanding, has (anecdotally) had a dramatic outcome; youth rates have not risen in the past 10 years.

Correspondingly, the rates for older New Zealanders rose by 17%. This is a group where more knowledge, understanding, tolerance and acceptance is still required.

He Ara Oranga also recommended that "people at the centre ... strengthen Community involvement [...] ensure people with the lived experience are directly involved in developing solutions."

**In other words, provide people with 'a little knowledge' and prevent the catastrophic outcomes caused by no knowledge at all.**

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He Ara Oranga

NZ Coroners reports.