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Burden and benefits-related suicides: ‘misperception’ or state crafted reality?

China Mills¹

Abstract

Purpose

This article focuses on deaths by suicide in relation to UK welfare reform as a case study to question one of suicidology’s most dominant theories - the Interpersonal Theory of Suicide (Joiner, 2005) and its influential ideas on ‘perceived burdensomeness’ - as well as wider ideologies on suicide and mental health reflected in this approach.

Design/methodology/approach

This article draws on evidence from disabled people’s campaigning groups (primary sources) and research literature (secondary sources), that shows the negative psychological impact of burden discourse and how this shows up in people’s accounts of feeling suicidal, in suicide notes, and in family accounts of those who have died by suicide. It uses this evidence to problematise the Interpersonal Theory of Suicide (Joiner, 2005), specifically its ideas about ‘burden’ as an individual misperception, and the assumption that suicide is always the outcome of mental health problems.

Findings

The findings highlight the systemic, intersectional and cumulative production of suicidality by governmental ‘welfare reform’ in the UK, through positioning welfare claimants as ‘burdens’ on society. They show that by locating the problem of burdensomeness in individual ‘misperceptions’, the Interpersonal Theory allows the government’s role in crafting stigmatisation and conditions of suicidality to be overlooked and to be reproduced.

Originality

The article raises urgent ethical questions about the application of approaches, such as the Interpersonal Theory of Suicide, to benefits-related suicides, and calls for approaches to benefits-related harm and suicide to be rooted in social and disability justice.

Keywords

benefits, burden, epistemic justice, Interpersonal Theory of Suicide, mental health, social justice, stigma, suicide, welfare reform, work capability assessment

Introduction

This article focuses on deaths by suicide in relation to UK welfare reform (what have come to be known as benefits-related suicides) as a case study to question one of suicidology’s most dominant theories - the Interpersonal Theory of Suicide (Joiner, 2005), and specifically its influential ideas on ‘perceived burdensomeness’. The Interpersonal Theory posits that feeling

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like a burden is key to suicidality and that it is a ‘misperception’ not based in reality. Yet perceptions of welfare claimants, and perhaps especially those who are disabled, have mental health conditions, and are out of work, as an economic burden and a drain on the economy is actively crafted by governmental and media anti-welfare rhetoric. Claiming welfare is cast as a form of ‘welfare dependence’, which is compared to the ‘fetishised’ independence and imagined autonomy of paid employment (Patrick, 2011, p.245; Button, 2016). For Patrick (2011, p.246), this ‘powerful “scrounger” narrative and rhetoric’ is the major ‘framing consensus on welfare’ in the UK, and creates an environment where claimants are demonised and stigmatised (Who Benefits?, 2014). This article draws on research literature that evidences the negative psychological impact of burden discourse and how this shows up in people’s accounts of feeling suicidal, in suicide notes, and in family accounts of those who have died by suicide. In doing this, it highlights the systemic, intersectional and cumulative production of suicidality by governmental ‘welfare reform’ in the UK. While this article focuses on the Interpersonal Theory, problematising it through discussion of benefits-related suicides in the UK, it sees the Theory as symptomatic of a wider cultural script that frames suicide as an individual ‘problem’ linked to ‘mental illness’. This is a script that enables the evasion of political accountability in creating the conditions that result in suicide.

The harms of welfare reform

The foundations for what has come to be known as ‘welfare reform’ (for example, in the Welfare Reform Acts of 2007 and 2012) were set in the 1980-early 1990s (Wikeley, 1995) (and can also arguably be seen much further back in England’s punitive Poor Laws of 1834, Mills and Klein, 2021). Yet since 2008 many have argued that the UK has taken a ‘punitive turn’ in welfare provision, marked by an increased level of conditionality, and ‘surveillance, sanctions and deterrence’ (Fletcher and Wright, 2018, p. 323). Policies and practices associated with welfare reform, such as use of sanctions, have been described as ‘cruel, inhuman and degrading’ (Adler, 2018), and as constituting a ‘war on disabled people’ (Clifford, 2018, book title), where harm is inherent within the welfare system, negatively impacting public mental health (Stewart, 2019; Mehta *et al.*, 2018).

Quantitative data shows significant evidence of the adverse mental health impacts of various punitive policies associated with welfare reform, including sanctions (Williams, 2020); and Universal Credit (a payment for people over 18 but under State Pension age who are on a low income or out of work, administered by the DWP) (Wickham *et al.*, 2020). Data on suicide more specifically shows that between 2010-2013, in 149 local authorities in England, each additional 10,000 people reassessed for disability benefits through the Work Capability Assessment (WCA) (a non-medical points-based assessment which determines people’s ‘fitness to work’ and their eligibility for benefits, outsourced to, and carried out by, private companies) was independently associated with an additional 6 suicides, 2700 cases of reported mental health problems and 7020 items of antidepressants prescribed (Barr *et al.*, 2015). The most deprived areas of England showed the greatest increases in adverse mental health outcomes associated with reassessment (Barr *et al.*, 2015).

Multiple intersecting factors likely play a part in explaining the links between welfare reform and suicidality. Specifically, this article draws on the now extensive qualitative research literature, as well as evidence generated from the activism of disabled people and bereaved families, to show how governmental stigmatisation of welfare claimants as a burden on the economy, and the way this rhetoric is used to justify punitive welfare policies, play a key role in producing conditions that increase the incidence of suicidality.

The framing of mental health within the social model of disability, and the resulting identification of people with mental health diagnoses or who experience distress as 'disabled', have long been an area of tension, especially around the question of impairment (Mills, 2015; Sapey *et al.*, 2015). Yet in resistance to welfare reform and benefits-related harm and deaths, grassroots campaigning groups such as Disabled People Against Cuts (DPAC) and the Black Triangle Campaign, have formed from alliances between disabled people and people who use mental health services and/or experience mental distress. Disabled people's organizations and activists have played a pivotal role in campaigning about suicides linked to welfare reform. Information about the deaths of welfare claimants can be found online (The Black Triangle Campaign and Calum's List <http://calumslight.org/>). The Spartacus Network (a group of disabled and chronically ill people across the country who research issues relating to disability and social security) published a report on the links between the WCA, deaths and suicides (Spartacus Network (2015)). Third sector organisations also have ongoing campaigns. For example, benefit sanctions, and their impact on marginalised people, especially those with disabilities, is a focus area for The Public Law Project (<https://publiclawproject.org.uk/focus/benefit-sanctions/>) and mental health charity Rethink Mental Illness (2021) recently launched its report into 'deaths and serious harm in the benefits system' (part of a campaign calling for an independent inquiry into welfare-related deaths). Benefits-related deaths have been mentioned a number of times in the House of Commons, most recently in a 2021 Briefing paper on Suicide Prevention: Policy and Strategy (House of Commons, 2021). Disability News Service has played a central role in ensuring benefits-related deaths receive media coverage, including recent high-profile legal campaigns led by family members impacted by benefits-related suicides (for example, the deaths of Philippa Day and Jodey Whiting). In July 2021, five different families who lost family members in cases where the DWP has been implicated in their death, wrote to the Secretary of State, Thérèse Coffey, to demand a public inquiry into deaths and serious harm linked to the benefits system. (Rethink, online).

In 2020, the National Audit Office (NAO) (2020) found that the DWP had carried out investigations into 69 suicides of benefits claimants between 2014-2019, concluding that this does not represent the number of cases it could have investigated, and that the DWP has no process for monitoring recommendations from the investigations. Investigations carried out by the Department for Work and Pensions (DWP) into deaths, including suicides, of benefits claimants have more than doubled since July 2019 (Pring, 2021; Rethink Mental Illness, 2021), yet the DWP has consistently denied any links between its policies and suicide (Mills, 2018).

This article makes the argument that *burden* provides an important point of tension between (and a key site for further inquiry within) dominant approaches to suicide, such as the Interpersonal Theory of Suicide, and an emerging literature which widens the disciplinary and theoretical scope of suicide research, in order to better understand the relationships between suicide and contexts of social injustice (e.g. Button, 2016; Mills, 2018; Reynolds, 2016; White *et al.*, 2016). Specifically, it shows how ideas about and discourse around *burden* provides insight into the ways that personal biography, suicidality and suicidal subjects are formed within 'political, economic, social and discursive environments' (Marsh, 2020, p.23).

After briefly summarising the Interpersonal Theory and its significance, the article explores literature on governmental and media stigmatisation of welfare claimants through the

mobilisation of burden, tracing how this produces psychological harm and suicidality. Following this, the discussion juxtaposes these findings with the Interpersonal Theory. In doing this, the article argues that by locating the problem of burdensomeness in individual ‘misperceptions’, the Interpersonal Theory (reproducing much thinking in Suicidology) allows the government’s role in crafting conditions of suicidality to be overlooked and reproduced.

The Interpersonal (psychological) Theory and critique

The Interpersonal (psychological) Theory of Suicide / suicidal behaviour is outlined in Joiner’s (2005) book *Why people die by suicide* and further developed in a whole raft of journal articles (many of which are co-authored by Joiner, see Van Orden *et al.*, 2010). In brief, the theory sees suicide as an outcome of a three-way interaction between perceived burdensomeness, low sense of belongingness, and acquired capability (i.e. that the ability for suicide is acquired mainly through repeated exposure to experiences that are painful or cause fear) on levels of suicidality (Joiner, 2009; van Orden *et al.*, 2010).

The Interpersonal Theory is worthy of focus because of its reach and influence, making it ‘the most popular theory in suicidology’ (Hjelmeland and Knizek, 2020, p.168). For example, Hjelmeland and Knizek (2020) show that the interpersonal-psychological theory is cited multiple times in the main suicide research journals, including *Suicide and Life-Threatening Behavior* (of which Joiner is Editor in Chief). Part of its ‘popularity’ may also lie in the Interpersonal Theory’s emphasis on ‘mental illness’ as key to explaining suicide (Van Orden *et al.*, 2010), an assumption shared by much of the discipline of Suicidology (Marsh, 2010; White *et al.*, 2016).

The Interpersonal Theory also has a life outside of academia, in the work of professional bodies, clinical decision-making, and in policy-making around suicide prevention. For example, Joiner’s (2005) book is cited in relation to suicide prevention by the British Psychological Society (undated) and the Royal College of Psychiatrists (2020); and Joiner *et al.* (2007) are cited in the UK Government’s ‘Preventing suicide in England: A cross-government outcomes strategy to save lives’ (Department of Health, 2012) – a strategy document setting out key actions to reduce the UK suicide rate.

Despite (or perhaps because of) its popularity, the Interpersonal Theory has received scant critical attention. While highlighting the ‘multidimensional nature of suicide’ (p. 576), the theory ‘involves the assumption that to a large extent, the same mental processes underlie all forms of suicidal behavior’ (van Orden *et al.*, 2010, p.591) and that it is possible for one theory to say something ‘about all deaths by suicide worldwide, across cultures, by employing three simple concepts’ (Joiner, 2005, p.226), leading some to label it a ‘theory of everything’ (Paniagua *et al.*, 2010, p.25).

The Interpersonal Theory is critiqued as conceptualising suicide as ‘a phenomenon with a universal explanation’ that ‘disregards contexts within which suicidality is developed and maintained’ (Hjelmeland and Knizek, 2020, p.169). In fact, there is some acknowledgment of context in Joiner (2009), where ‘perceptions’ are said to sometimes result from the cumulative experience of painful events, yet despite this, focus remains on the perceptions themselves and not the context in which they develop. For Hjelmeland and Knizek (2020) context is key because ‘for some people who take their lives burdensomeness or thwarted belongingness are not about mere perceptions but hard realities’ (p.172). Citing Mills (2018),

Hjelmeland and Knizek (2020) name UK welfare reform as one example of burdensomeness as a ‘hard reality’ – something that this article seeks to further evidence by focusing on benefits-related suicides as a case study with which to juxtapose the Interpersonal Theory of Suicide. To do this, the article next shows governmental and media crafting of people claiming or trying to claim benefits as ‘burdens’, and then goes on to trace the way this ‘burden’ discourse is experienced as harmful, showing up in suicide notes and family accounts of people’s deaths.

Governmental construction of welfare claimants as a burden

A vast literature documents governmental and media mobilisation of discursive repertoires of the burdensome ‘scrounger’ and the stigmatizing binary between ‘deserving’ and ‘undeserving’ benefits recipients, through constructing welfare payments as ‘nothing more than a drain on the economy’ (Garthwaite, 2015, p.10; Bamba and Smith, 2010; Garthwaite, 2014; Patrick, 2011). This rhetoric frames welfare reform as politically inevitable (Wikeley, 1995), and seemingly justifies punitive policies of welfare conditionality, sanctions, and deterrence (Fletcher and Wright, 2018). In this dominant narrative, the ‘burden’ of welfare is compared against a glorified (Wacquant, 2009, p.101) and ‘fetishized’ (Patrick, 2011, p.245) paid work, meaning perceptions of *burden* (both personal and public) are shaped by dominant cultural scripts (Button, 2016).

Such cultural scripts have played a key role in laying the groundwork for removal of support structures (Wikeley, 1995) and in the demolition of the welfare state (Stewart, 2016). Wikeley (1995) shows how during the 1990s, a framework was established to help justify cutbacks on (and later removal of) Invalidity Benefit, significant because they show a shift to points-based systems for assessing entitlement to disability benefits, previously dismissed by the government as being ‘humiliating’ and ‘intrusive’ (Wikeley, 1995, p. 531), and show evidence of governmental awareness of the ‘significant risk’ to mental and physical health in finding some people ‘fit to work’ (Disability Rights UK, undated).

A content analysis of media representations of disability in the UK, Briant *et al.* (2011) found an overall increase (from 2004-05 and 2010-11) in media stories about benefit fraud – portraying disabled people as ‘scroungers’, ‘workshy’, and a ‘drain on the economy’, with people with mental health conditions more likely to be represented as ‘undeserving’ (Briant *et al.*, 2011, p.4), and as unworthy (ibid. p.11) (and they may also be more vulnerable to be harmed by these labels because of structural discrimination and sanism, see below). Governmental cultivation of suspicion around benefits claimants and suspicion of the reality of illness, builds on and reproduces ideas about ‘malingering and illness deception’, which have been influential in DWP policy-making (Halligan, Bass, and Oakley, 2003), encouraging the public ‘to perceive many sick and disabled benefit recipients as fraudulent and ... that such individuals should be disbelieved’ (Garthwaite, 2015, p. 7). This logic is reproduced in Work Capability Assessments, which have been found to be a discrediting experience for claimants with mental health conditions (Pybus, *et al.*, 2019), where people’s accounts of the impact of their impairments are undermined and disregarded by assessors (Dwyer *et al.*, 2020, p.317).

The disqualification of mental health users and survivors as *knowers and knowledge producers* - through their positioning as being irrational and lacking insight - is common not only within welfare policy but across the mental health field (Wallcraft *et al.*, 2009). This

constitutes a form of epistemic injustice (Fricker, 2007) rooted in sanism: a ‘system of discrimination and oppression’ that marginalises ‘mad’ ways of knowing and underpins epistemic injustice in the devaluation of some people’s stories and experiences (Leblanc and Kinsella, 2016, p.61). Yet because those with lived experience of distress and/or service use and/or different experiences of reality, experience marginalization as well as mainstream discourse, they often have a more nuanced analysis of marginalization (Faulkner, 2017; Russo, 2012; Costa *et al.*, 2012). Being socially situated (Gorman, 2013), lived experience informed knowledge also often emphasizes ‘the political and social context of a person's life’ (Faulkner, 2017, p.21), showing how certain environments are disabling (Boxall and Beresford, 2013). This experiential knowledge has a lot to offer analyses of the relationship between welfare policy, mental distress and suicidality, and to theories of suicidality that assume links to mental health but are not co-created with people who experience suicidality.

The psychological impact of being constructed as a burden and suicidality

Welfare conditionality both exacerbates existing, and triggers new, mental distress, showing the ‘unsuitability of utilising welfare conditionality within benefit systems for people with mental health impairments’ and the negative consequences of using “work first” benefit regimes (Dwyer *et al.*, 2020, p. 322). Extensive qualitative research documents welfare claimants’ lived experience of being constructed as a burden and treated punitively, evidencing the link between specific policies of ‘welfare reform’ and their negative impact on mental health and feelings of suicidality. ‘Claims stigma’ and stigmatisation are central to many claimants’ experiences of welfare (Baumberg, 2016), with evidence of an internalisation of the dominant ‘scrounger’ narrative being ‘profoundly damaging’ for people’s sense of self and mental health (Patrick, 2011, p.257). Participants in Garthwaite’s (2015) research describe claiming Incapacity Benefit (IB) as a ‘like a rope around your neck’ because of the shame (p. 6), and as deeply stigmatizing, ‘if you are on it, you’re a scrounger’ (Garthwaite, 2015, p. 7).

Qualitative data shows mental distress associated with conditionality and sanctions, including feelings of worthlessness and suicidal thoughts (Dwyer *et al.*, 2020). Aggregating two qualitative longitudinal studies (Welfare Conditionality, 2014–17; and Lived Experience, 2011–16), Wright and Patrick (2019) found sanctions consistently lead to ‘acute suffering’ and ‘unnecessary crises (including suicidal thoughts)’ (p. 605). Fear of destitution (Redman, 2020) is part of a wider trend in the use of negative emotional coercion to achieve behaviour change (Reeves and Loopstra, 2017), which impacts negatively on mental health and makes people feel suicidal. For example, the impact of sanctions and of being required to undertake ‘work-related activity’, resulting in ‘constant anxiety’ and ‘chronic fear’, has been described as ‘life-threatening’ for claimants with existing mental health issues (Mehta *et al.*, 2018, p.5).

The Universal Credit claims process alongside the threat of sanctions has been shown to negatively impact claimants’ mental health, making some people consider suicide (Cheetham, *et al.*, 2019). A number of participants in Dwyer *et al.*’s (2020) research talk about the process of assessment and of sanctions making them feel worthless and suicidal; and in a 2011 survey of over 300 people, who identified as experiencing mental health problems and were in receipt of Incapacity Benefit, by the mental health charity Mind, 51 per cent of people reported that the fear of assessment had made them feel suicidal (cited in Garthwaite, 2014). Garthwaite (2014) found that fear of the ‘brown envelope’ (i.e. a letter from the DWP) led in some instances to people feeling suicidal. One interviewee, Terry,

explained that during the Work Capability Assessment, ‘the pressure they put on you it’s enough to drive you to feel suicidal’ (Garthwaite, 2014, p. 788). Anne-Marie, the daughter of Michael O’Sullivan, who died by suicide after a long battle over his ‘fitness to work’, said assessments ‘left him “humiliated, mortified, and feeling like a criminal”’ (Pring, 2015, online). It is little wonder then the introduction of the WCA has ‘had a serious, detrimental – and sometimes fatal – effect on the mental health of a generation of claimants of out-of-work disability benefits’ (Pring, 2017, online).

Causal and correlational claims between welfare reform and suicide are made by different actors, for example, and most significantly, in suicide notes blaming the government and specific policies; in details of the way that some people’s bodies have been found, for example next to letters from the DWP telling them their benefits would be cut; in statements by coroners that specific policies acted as a ‘trigger’ for a person’s suicide (Pring, 2020); in family accounts in media articles that blame the government for the deaths of family members (see Mills, 2018 for examples of all of the above); in the tireless campaigning of a number of families; and in ongoing campaigning, activism and journalism of disabled people and disabled people’s organizations, such as the War on Welfare (WOW) campaign, the Black Triangle campaign, Calumn’s List, Disabled People Against Cuts (DPAC), Mental Health Resistance Network, and Disability News Service (Mills, 2021).

Burden discourse finds its way into these accounts, for example a number of family members and others quoted within newspaper articles about individual benefits-related deaths (and analysed in Mills, 2018) actively invoke ‘scrounger’ discourse, while simultaneously distancing their own family from it, and explain suicides as the result of people’s fear of being a burden, and their feeling that they are undeserving of welfare (Rethink Mental Illness, 2021).

Juxtaposing perceived burdensomeness with state crafted stigmatization

Burden provides an important connection point between the research documented here and the Interpersonal Theory of Suicide. According to the Interpersonal Theory, perceived burdensomeness is made up of two dimensions – a person’s belief they are a liability on others and feelings of self-hatred (Van Orden *et al.*, 2010). Proponents of the Interpersonal Theory point out that ‘the view that one’s existence burdens family, friends, and/or society – represents a potentially fatal *misperception*’ (Joiner, 2009), and ‘not realities that should be blamed on survivors’ (Joiner, 2005, p. 224). For Van Orden *et al.*, (2010) such ‘misperceptions [are] amenable to therapeutic modification’ (p.584), and to public health prevention campaigns aimed at promoting the importance of social connections (p.592). Here perceptions are imagined as faulty and in need of individual therapeutic intervention and/or prevention through education.

The Interpersonal Theory’s focus on the individual as the site of transformation is most explicit in the role that ‘mental illness’ is seen to play in suicide. For example, Van Orden *et al.* (2010) states that the ‘vast majority of people who die by suicide (i.e., approximately 95%) suffer from mental disorders’, with the remaining 5% also said to be possibly effected by ‘subclinical variants of mental disorders’ (Van Orden *et al.*, 2010, p.577). The Interpersonal Theory repeats a dominant trend in suicidology that links suicide to mental illness, despite little evidence showing this connection (Marsh, 2010). Hjelmeland and Knizek (2020) critique the Interpersonal Theory for treating ‘suicidality as a strictly internal phenomenon’ (p.170) and for locating the responsibility of suicide within mental illness.

The framing of suicidality as an outcome of ‘mental illness’ and of ‘perceived burdensomeness’ as a ‘misperception’, show similarities to dominant narratives of ‘illness deception’, ‘malingering’ and benefit fraud (Gathwaite, 2015) that have been integral to people’s experiences of harm and suicidality within the welfare system. Both narratives enact epistemic injustice and sanism by questioning the reality of people’s experiences and their status as knowers (Fricker, 2007; Leblanc and Kinsella, 2016). Yet experiential knowledge is key in countering the decontextualization evident in much mainstream suicidology (*White et al.*, 2016; Webb, 2010).

Conclusion

The construction of people claiming benefits, especially those with diagnoses of mental health problems, as ‘malingering’ ‘scroungers’ whose experience of illness is framed as suspicious, is a form of epistemic injustice that reflects (and reproduces) longstanding sanist portrayals of people with mental illness as irrational and lacking capacity. These constructions, foundational to the introduction of the WCA (which has been shown to be linked to suicide, Barr et al. 2015) result in many people not being believed about their experiences (for example, of trauma, and/or of experiences of alternate realities, such as hearing voices, and also of chronic pain). The Interpersonal Theory, symptomatic of wider societal framing around suicide and mental health, explicitly says that suicide is the result of mental illness - ‘95-100% of the time’ (Van Orden et al., 2010, p.577) and that one of three central factors associated with suicidality – perceived burdensomeness – is the result of an individual ‘misperception’ (Joiner, 2009). The focus on mental illness (often understood as an individual issue – not a political one), is a form of epistemic injustice that also enables suicide prevention strategies to overlook or actively obscure the links between suicidality and welfare policy. For example, in 2017, the Department of Health’s national suicide prevention strategy failed to warn NHS bodies and other local services that claimants of employment support allowance (ESA) are at an increased risk of attempting to take their own lives (HM Government, 2017). The strategy was published four months after NHS Digital produced the results of its Adult Psychiatric Morbidity Survey, which showed that more than 43 per cent of ESA claimants had said (when asked in 2014) that they had attempted suicide at some point in their lives (NHS, 2016).

The Interpersonal Needs Questionnaire (INQ) measures ‘perceived burdensomeness’ through six statements, including ‘These days, I think I am a burden on society’ (Van Orden *et al.*, 2012). But what about when ‘people are killing themselves because they feel exactly the way the government is telling them they should feel – a burden’ (Mills, 2018, p.317). Here feeling like a burden is a reality crafted by the Government and media, and not a *misperception*. Perceptions of ‘burden’ (both personal and public) are shaped by dominant cultural scripts that glorify and fetishize paid work (Button, 2016; Wacquant, 2009) and may be internalised by those who claim welfare, having profoundly negative impacts on mental health (Patrick, 2011). The then further application of the Interpersonal Theory, which constructs these experiences of feeling like a burden as ‘misperceptions’, may reproduce the very factors that make some people’s lives unliveable (Reynolds, 2016), implying that the Interpersonal Theory does not only overlook contextual factors shaping suicide, but also allows the conditions that produce suicidality to persist and be reproduced. If welfare can be life threatening (Mehta *et al.*, 2018), through creating the conditions for suicidality, this raises urgent ethical questions about the application of approaches such as the Interpersonal Theory to benefits-related suicides.

In contrast to Van Orden *et al.* (2010)'s call for therapeutic intervention and public health education, the findings from this article have implications both for welfare and suicide policy-making, and for suicidology research. The evidence discussed here shows that the devaluation of people's knowledge and the construction of them as a burden, through policies designed to dehumanise and impoverish benefits claimants, are key in creating the conditions that make people's lives unliveable, making many people feel suicidal. The implications of this analysis point to the need for welfare policy and suicide prevention that do not reproduce epistemic injustice, meaning they are informed by lived experience, which as mental health user and survivor research shows, often highlights the importance of social and political context and emphasise socially situated knowledge (Faulkner, 2017; Gorman, 2013). This signals a need to either move away from a sole focus on mental health in suicide prevention and/or to reconceptualise mental health and illness as being inherently political; and to shift the cultural scripts that shape welfare policy according to honouring lived experience as a form of knowledge, seeing people's worth beyond their relationship to paid work, and valuing interdependency. In better understanding how policy creates the conditions for suicide (Button, 2016), and how suicide prevention and theories of suicide enact forms of epistemic injustice which themselves contribute to suicidality, the article makes a contribution to wider calls for suicide to be understood and responded to as an issue of social justice and disability justice.

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