



HUMANIST SOCIETY OF VICTORIA Inc.

(Reg. No. A0020272M)

Affiliated with the Council of Australian Humanist Societies (CAHS)
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Committee Secretary
Senate Community Affairs References Committee
PO Box 6100
Parliament House
Canberra ACT 2600

Re: INQUIRY INTO SUICIDE IN AUSTRALIA

SUBMISSION FROM THE HUMANIST SOCIETY OF VICTORIA INC. (HSV)

The HSV is a secular organisation whose members foster an ethical, reasoned and responsible approach to life. It supports human rights, democratic processes, and a just and inclusive governance.

It seeks to alleviate suffering, to promote well-being and the circumstances where all individuals can attain their full potential. It engages in educational, counselling and charitable activities.

The views that follow have been formulated at specially convened group discussions to which all HSV members are invited/ Further supportive information is obtained from print publications, the Internet, public lectures and from individuals with relevant expertise.

The Convenor of the HSV Submissions Committee is authorized to present these views.

We congratulate the Australian Senate and the Community Affairs References Committee on their initiative to establish this inquiry. Suicide appears to be acted out mostly due to impulse, transient depression or illness and is thus a preventable waste of life which must be addressed.

Members of the Humanist Society of Victoria wish to offer comments on some of the terms of reference.

We observe that there is difficulty in reporting suicide statistics in Australia, as evidenced by contradictory news reports between June and August 2009. Such ambivalent results are indicative of problems such as the social taboo evident in discussion of suicide and the under-reporting of suicide in the context of ambiguous deaths. Such inaccurate statistics indicate that the full scope and impact of suicide may be impossible to accurately assess in Australia.

We recommend that suicide be more openly acknowledged and confronted as part of a holistic approach to issues of medical and mental health. We also recommend that high risk groups be openly acknowledged and that self-empowerment programs be initiated with members from within those high risk communities.

In particular:

1. We express concern for the suicide rates among males.

We ask Australian authorities to initiate programs which empower males to seek appropriate support for their own emotional and psychological health. Positive male role models need to be presented in the mass media in order to dispel the social myth that “real men” should be strong, rugged and independent as part of their masculine identity. Men must be encouraged to develop and maintain mutually supportive relationships of intimacy, trust and openness with their close friends and families.

2. We express concern for the suicide rates among Indigenous Australians.

We note that this group of high-risk people is ignored by the mass media and authorities, even though one Indigenous leader in the Kimberleys has suggested to *The Sydney Morning Herald* (July 2009) that Indigenous suicide rates are akin to “a national emergency”.

Lindsay Murdoch in *The Age* (7 November 2009) reports that one of the world's highest suicide rates, and an incidence some 40% higher than our national average, occurs in the Gove Peninsula of the Northern Territory. Nathan Evans of the Yothu Yindi Foundation reports that feelings of hopelessness and disempowerment are compounded by cultural factors and taboos on this subject. Alcohol abuse is often the immediate trigger to suicide.

We ask the authorities and media organisations to confront their own racism or apathy as this may compound the suicide of Indigenous Australians. Our society needs to recognise the problems of isolation, invisibility and alienation faced by our Indigenous brethren. Positive role models need to be presented in the mass media in order to challenge social invisibility and to encourage their healthy self-esteem.

3. We express concern for the suicide rates among gay, lesbian, bisexual, transgender and intersex (GLBTI) young people.

We note that suicide among this group of high-risk people has traditionally been overlooked by the mass media, churches, federal and state governments, and by the national depression initiative, BeyondBlue. Such invisibility, stigma and prejudice may compound the high rates of depression and poor self esteem among GLBTI people.

We ask the authorities, mass media, and community leaders to confront their own homophobia. An acknowledgement and affirmation of GLBTI Australians must be made in both policy and practice at all levels of government and law. Positive role models need to be presented in the mass media in order to dispel social invisibility and stigma, to challenge homophobia and to encourage a healthy self-esteem among GLBTI people.

4. We express concern for the suicide rates among young Australians as a result of bullying (including cyber bullying).

We concur with Nick Abrahams and Victoria Dunn (*Sydney Morning Herald*, 21 May 2009) that criminal sanctions should be available for schools and police “*in the most serious of cases*” of bullying, particularly where there is real or threatened harm to life or welfare. However, as they suggest, cyber bullying appears to be an ambiguous area of the law. We ask that the government enact laws to protect victims of cyber bullying and enforce appropriate sanctions against those responsible.

We also recommend that bullying (including cyber bullying) be targeted within the education curricula for all primary and secondary schools in Australia, tertiary campuses and across Australian workplaces. We ask that posters, pamphlets and stickers be widely distributed.

We also ask the Australian government to investigate ways that the Internet can be used to promote positive messages to enhance the self-esteem and mental health of Internet users, and to promote an anti-bullying campaign online through community service announcements from Internet Service Providers.

5. We express concern for the suicide rates among older Australians.

We quote the words of Dr. Rodney Syme (“A Good Death: An Argument for Voluntary Euthanasia”, Melbourne University Press, 2008, p. 267):

“Another consequence of the status quo is the high incidence of often violent ‘suicide’ in older persons who cannot gain access to physician-assisted dying. The incidence of ‘suicide’ in older persons aged over sixty-five is twice that of the general population, and much of that is secondary to physical and existential suffering and the threat of the loss of independence. It has never, however, been accurately quantified.”

We recommend that the Australian government researches the incidence of suicide among senior Australians, and guarantees the provision of specialist medical care, counselling support and welfare support for them, especially those who may be living alone or with physical or mental illness. We ask that they receive sufficient assistance and reassurance to minimise their risk of suicide due to depression, fear, loneliness, loss of independence or illness.

We finally ask that voluntary euthanasia, or physician assisted dying, be examined by a specially convened government committee and that the terminally ill be assisted to control their own life and death with dignity instead of being forced to end their life through violent, painful and undignified methods. We observe that the recent case of quadriplegic Christian Rossiter in Perth may serve as a useful precedent in this area.

We also offer the following comments related to the terms of reference:

Teachers and other educators are vital in any strategy to minimise youth suicide. They have everyday interaction with those young people who may be displaying symptoms of depression or who might otherwise be exhibiting behaviours indicative of a desire for self harm. School curriculum material should be provided to include suicide and support services within holistic, positive topics when these arise from divergent aspects of the curriculum, eg. when teaching

“Romeo and Juliet” in English, or when discussing self esteem and peer group pressure in a variety of subjects. Educators should also be trained to handle emergency situations which might arise before their students can be referred to specialist counselling or support services.

Families must also be empowered to address this issue, through the widespread provision of literature and access to support services for parents before their children develop “at risk” behaviours. This may include literature being delivered to every Australian household and also being made available through all general practitioners, social workers, counselors and schools.

We feel that suicide awareness programs are inadequate and that the topic is often considered taboo for fear of encouraging suicidal behaviour. The main references to suicide in the Australian mass media concern suicide amongst youth or celebrities. A proportion of cases can be attributed to imitative or copy-cat suicides following highlighted reports of suicides within the community, such as some recent cases in Geelong, Victoria.

We recommend that the media adopt a code of practice in its treatment of suicide, to desist from reporting suicides in detail, and to feature positive role models for those at risk. The media should also be restricted in reporting suicides in circumstances where authorities have reasonable grounds to believe that such media attention may lead to others copying the behaviour.

We finally ask that the Australian mass media be encouraged to review its current heavy focus on murder mysteries and crime programs, which may cumulatively promote a culture of nihilism and death. We ask that a greater quota of life-affirming messages be included within existing popular programs (eg. *Home and Away*, *The Footy Show*, etc.) and other material as promulgated within the mass media.



Halina Strnad
Convenor, Submissions Committee
8 November 2009.

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