26 September 2009

Committee Secretary
Senate Inquiry into Suicide in Australia
Senate Standing Committee on Community Affairs
PO Box 6100
Parliament House
Canberra ACT 2600

Dear Senator Siewert,

I cannot speak to all the reference points in the outline distributed, only to my personal life experiences and those shared with me in my role as a Mental Health Consumer Advocate.

4. The effectiveness, to date, of public awareness programs and their relative success in providing information, encouraging help-seeking and enhancing public discussion of suicide;

Whilst I believe that the advertising undertaken by Beyond Blue, SANE Australia and Mental Illness Fellowship has raised awareness and generated public discussion on mental illness, it has done little to humanise mental illness and reduce stigma. This in turn does not encourage those experiencing depression and suicide ideations to contact relevant support services to seek help.

I have listed several questions that need to be considered during the planning of any campaign to inform people on the risks of suicide: -

1. How do we promote that 'It's ok, I'm ok' to experience these and other mental health symptoms, removing the shame, fear of alienation, embarrassment and sense of isolation experienced when unwell?
2. How do we promote how to contact support services, in a manner that has sufficient impact to enable people to remember at the very least the names of the services?
3. How do we encourage those close to the person experiencing symptoms of depression and at risk of suicide, to take the step of pursuing support and assistance on that persons behalf?
4. How do we educate the general public on how to identify the symptoms displayed by someone at risk of suicide?
5. How do we humanise mental illness? (I have several ideas on this, if you are interested in hearing them, please contact me).

The early New Zealand 'Like Minds, Like Mine' campaign was very successful. It used a combination of celebrities and general consumers with a mental illness (not actors) in TV, Radio and other media campaigns. www.likeminds.org.nz 'Like Minds' is still operational, ever evolving and it would be in your best interest to view their work. Why reinvent the wheel when the one designed works extremely well?

5. *The efficacy of suicide prevention training and support for front-line health and community workers providing services to people at risk;*

I attended a two day ‘Applied Suicide Intervention Skills Training (ASIST)’ course and found it to be very beneficial. Even though I have Bipolar and have first hand experience with suicidal ideations and symptoms, I gained new insights into how to identify warning signs, as well as proactive actions for dealing with other people experiencing signs and symptoms.

Participants were from a variety of employment backgrounds such as police, general nurses, teacher, carers, support workers and general public. I was able to give input in several areas providing further insight into the experiences of suicidal ideations. I conversed with many of the participants and the feedback on their learning experience was overwhelmingly positive.

Resources provided contained easy to understand and relevant material. Each participant was issued with a prompt card to retain in their wallet/purse and a book for future reference. The manner in which the book was set out allowed for easy reading, providing the ability to refresh their knowledge of the main attributes quickly.

This type of course would be extremely beneficial to those who care for or interact with people who are mentally unstable. However, very few people know about these courses or are not financially able to attend. As these people are the first line of defence in the prevention of suicide, more should be done to bring this type of training to their attention and make it more financially accessible. Perhaps information on these courses could be distributed by their first point of contact such as their GP and local support services.

Through my involvement with my support group and ongoing mental health advocacy, I have communicated with numerous families who have lost a loved one to suicide. In the investigation following the death, information has come to the fore regarding the signs and symptoms experienced by someone who is suicidal. I repeatedly hear ‘if I knew these signs, I might have been able to help and stop this from happening’; adding to their grief and guilt. For many of these people, their loved one had been experiencing mental health issues for some time and they still were not aware of the warning signs. They would comment ‘but I have read brochures on depression, (bipolar, PTSD, etc) and I never knew to watch out for X, Y, Z’. This is because brochures tend only to provide the general symptoms and not the suicide warning signs; there is a big difference. I have attached a copy of warning signs I came across for your perusal.

It has been my experience, through the establishment and mediation of a Depression & Bipolar support group, that people who have not experienced and been diagnosed with depression previously, are usually not aware what they are experiencing is depression. The tendency to withdraw from society/social contact is a major sign/symptom which minimises the chance of depression being identified as the cause of their symptoms. In turn, they do not seek the necessary support.

Even if they do present to their GP because they feel unwell and it is identified as depression, other than medication, usually no further assistance/advice is provided. A simple pack containing information on depression for the consumer and their carer/s, a list of suicide warning signs, 24 hour telephone support services, local support groups and contact details for the local public mental health services should be provided.

Education on depression/mental illness should start early and be implemented in all secondary schools, from year 7. The benefits of this education is two fold, in that teachers and students will recognise the signs of early onset symptoms of depression/mental illness, hopefully assisting in the access of support in the early stages of the illness in others and themselves. Also that as these students grow, they will carry this knowledge into adulthood.

There are many Consumer Organisations that provide speakers who will give first hand insight into living with a mental illness, humanise mental illness and encourage help-seeking. As someone who regularly spoke to year 11 students on my lived experience, I found that the students were very curious, open about their preconceived ideas of a person with mental illness and generally very accepting of me as a ‘person’. The teachers had me return each year as the feedback from students indicated this personalised approach significantly altered their perception and understanding, in a way which the theoretical resources could never accomplish.

Last, but certainly not least, people who have been experiencing mental illness for some time generally become very good actors or seek solitude if they are unable to portray some form of “normality’, unless they are experiencing a loss of perception/psychosis. In these instances the public façade prevents others from being able to identify the signs/symptoms and therefore are unable to assist in preventing suicide. Often those close to the person will comment ‘they seemed so much better lately’.

I hope what I have shared with you assists your Inquiry and should you wish to discuss anything further, please do not hesitate to contact me.

Yours sincerely,

Nicci Wall

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SUICIDAL WARNING SIGNS

While some suicides occur without any outward warning, MOST ARE PRECEDED BY IDENTIFIABLE SIGNS. Take all warning signs seriously. Most suicidal persons usually present more than one sign.

Watch for three warning signs: verbal, behavioral or situational: They are the ways a person expresses their fears.

Suicidal warning signs include but are not limited to:

Verbal Signs (80% exhibit)

1. **Direct Statements:**

- **"My family would be better off without me."**
- **"I don't think I can take this any more."**
- **"Life isn't worthwhile" or "Life isn't worth living anymore."**
- **"I think I may just check out."**
- **"Life stinks and I'm tired of it."**
- **"What's the use? I'd be better off dead. I just want to die.**

2. **Indirect Statements:**

- **"Sometimes I just want to sleep forever."**
- **"They'll be sorry when I'm gone."**
- **"I'm so worthless."**
- **"It doesn't matter anyway."**
- **"I think the pain will be over soon."**
- **"Life is more complicated for everybody because of me."**
- **"I want to sleep forever."**
- **"Things will be better after March 15."**

Behavioral Signs (20%) exhibit)

1. **Personality Changes:**

   Previously not typical, the individual now appears sad, withdrawn, apathetic, moody, indecisive, cries more. May exhibit a dramatic mood change - high to low or low to high.

2. **Sudden Cheerfulness:**

   After extended depression, sudden cheerfulness can suggest that a decision to act on suicidal thoughts has been made.

3. **Behavior Changes:**

   Previously not typical, the individual cannot concentrate on school/work; class attendance or performance drops; insomnia develops, often with early waking or

oversleeping; nightmares; loss of appetite and weight or overeating and weight gain; withdrawal from friends or co-workers; loss of interest in enjoyed activities; increased risk-taking resulting in unexplained accidents or reckless behavior in general; rebellious behavior or running away. Speaking and/or moving with unusual speed or slowness can be another noticeable change.

4. **Low Self-Esteem:**

   Feeling worthless, shame, overwhelming guilt, self-hatred, "I contribute nothing to this world."

5. **Fear of Losing Control:**

   Feeling a lack of control and beginning to view problems as impossible to be changed. They believe things will never get better; that nothing will ever change, and that there is no hope for the future.

6. **Alcohol, Drug Use, Promiscuity, Compulsive Gambling:**

   Increased use of drugs, even anti-anxiety medications. Alcoholism is a factor in 30% of all completed suicides. 18% of alcoholics die by suicide, 87% of these deaths are male.

7. **Not Accepting/Tolerating Praise or Rewards:**

   Feeling unworthy of the positives of life.

8. **Repeatedly Mentioning a Certain Date:**

   May bring up a certain date in conversation repeatedly, as a significant date, while remaining elusive about its meaning.

9. **Delusions, hallucinations:**

   Disorientation and loss of contact with the real world and themselves.

Situational Signs

1. **Past History of Attempted Suicide:**

   This is the strongest predictor of suicide! Over 1/3 will reattempt. The 90 days after an attempt are the most critical.

2. **Genetic Predisposition:**

   Attemptors often have a significant family history of suicidal behaviors. Of completed suicides, 25% had a relative or ancestor who committed suicide.

SUICIDAL WARNING SIGNS

3. **Recent Loss/Trauma:**

   Especially of significant personal relationships, academic standing, or loss by death, divorce, separation, broken relationship, loss of job, money, status, self-confidence, religious faith, health (especially, serious/chronic illness, surgery, or accident), etc. Stressful life events, especially more than one; threat of prosecution from criminal involvement; family conflicts or loss of environment.

4. **Recent Drop in Academic Performance:**

   Missed classes/assignments, previously not typical. Boredom and inability to concentrate are common.

5. **Putting Affairs in Order:**

   Giving personal possessions away inappropriately, cleaning or organizing documents, throwing important items away.

6. **Neurotransmitters:**

   A clear relationship has been demonstrated between low concentrations of the serotonin metabolite 5-hydroxyindoleactic (5-HIAA) in cerebrospinal fluid and an increased incidence of attempted and completed suicide in psychiatric patients. Certain psychiatric problems pose a higher risk: depression, schizophrenia, substance abuse and personality disorders, especially borderline and antisocial.

7. **Contagion:**

   The contagion hypothesis suggests that exposure to suicide or suicidal behavior by others may be a risk factor for suicide. These suicidal clusters are most often seen in teenagers and young adults of college age.

8. **Ready Accessibility of Firearms:**

   Firearms are the most frequently used method of suicide. Firearms both limit intervention opportunities by others and facilitate impulsive suicidal acts.