

Regarding written submissions addressing suicide in Australia.

To whom it may concern,

My nineteen year old son Kieran committed suicide in April 2005 after developing a psychosis from use of steroids.

Kieran began taking what he termed 'natural steroids' while attending a high school in the outer east and while undertaking boxing training at the school.

He was 17 at the time and totally against drugs. He was into extreme types of sport such as snowboarding, rock climbing and skateboarding but began boxing under the tutorship of an ex-champion in whom he was in awe.

Kieran was the youngest of three children and my other children and I began to notice a change in him not just in his physical build but in his personality which went from easy going to angry.

I asked him if he was on steroids and he denied it but argued that the pills we saw him taking were just herbal, that they were natural steroids.

He began body building and left school but still hung out with the same group of school friends. Several incidents happened in this time. Incidents he told me, where he saw his friends injecting each other with steroids and other incidents where he was shocked by their violent outbursts. He became withdrawn and didn't see these friends much after these incidents.

In March 2004 he went into a violent rage and over a two week period we contacted our doctor and in desperation, the emergency area of the hospital and begged the CAT team to come out to the house to assess Kieran. No one came. We all feared for our lives and hid knives and other items that could be used as weapons as Kieran was threatening to kill us. The hospital told us to call the police but we wouldn't for fear that Kieran would be killed. In order to sleep we took doorhandles off the inside of doors and all of our lives became a

living hell with no end in sight. Kieran was suffering paranoid delusions and watched our movements constantly which made it very difficult to phone anyone. We had come to see that there was no help and all of us felt a hopelessness and despair.

Eventually one night I called the CAT team again and threatened them. I told them that I was a journalist and that if they did not come to attend my son, I would write an article about them. It was true that I had completed Journalist training but I was not working as such and felt myself a fraud.

However, they came. What I thought had been fear on their part later was revealed as hope that I would reveal their lack of staff and resources. I felt terrible at my deception. Kieran was taken by ambulance to hospital and there were no beds. He was kept on an emergency room table for two days with a hired security guard and eventually a bed was found for him in the psychiatric ward of a city hospital where he stayed for three weeks.

Our relief was short lived however as we then found ourselves doing battle with the staff at the hospital to make them believe that Kieran was taking steroids. We thought he had Roid Rage which he did but which had caused irreversible damage. We felt that the staff were not trained to deal with this. An example was where one nurse informed me that he could not be taking steroids as these were illegal.

I took five weeks off work and did my own research. I found that anything that said on the label, anabolic complex, was steroids. I took the pills to the hospital and eventually a doctor agreed. I took my research notes which included stats on the most likely socio-economic group that were affected which was white, middle class young men who have no criminal record and who suddenly fly into unexplained rages. I gave my notes to a social worker and she passed them on to the doctor. Later I was shown in to see the doctor and he showed me 'his' research notes which were mine. All of this let me see that virtually no research existed into the recreational use of steroids. As well, the hospital had no facilities to test my son for steroids and only one NSW sporting associations that I contacted had such tests available and only to sport authorities.

All that the hospital could say was that my son had raised hormone levels.

Next I contacted the school and spoke to the boxing teacher telling him what had happened. He said that I should not worry as what Kieran took was only natural steroids and anyway...anyone that was training and said that they were not taking steroids was a liar. I was once again shocked at the lack of education and training on this issue.

Kieran came home but never took his medication. He tried to get his life back together but was often depressed.

In April 2005 over the Easter weekend he begged off coming on holidays with us, saying he wanted time to himself. He seemed to be particularly happy and we never knew that this is a sign of the empowerment a potential suicide feels upon deciding to take their own life. When we returned we found a note telling us that he had drowned himself at a local pool. His body was found tied to a pit lid. We were devastated.

My children and I will never be the same after losing our youngest, funniest and most honourable member. We have strived since then to turn his loss into a gain for other families.

We are all very traumatized. One person in a family does not have a mental illness. The family does and therefore the community.

My daughter turned her grief into study and became a mental health nurse. My son struggles with losing his best mate and has to fight his anger at the system and in particular, the teacher who we feel introduced Kieran to steroids.

After Kieran's death I called the school and told them my concerns. They said they would enquire and get back to me. They never. I wrote to the Education Dept and said that I wanted to know what had happened as I was concerned for others but the letter back said that the school had contacted me, which they hadn't and that I was not entitled to know the outcome other than that the teacher was working privately now.

I wrote a submission for the coroners court and asked that Kieran's death be listed as death by Steroids. A Professor David Gerrard who was an acquaintance in New Zealand had given evidence in a similar case in New Zealand, in his capacity as a professor of Sports Medicine and Vice President of the World Anti-Doping Authority. In that case the coroner ruled the suicide as death by steroids. This was not allowed in Kieran's case as it hadn't been established. His death was ruled as drowning. I wonder if this was added on some central data base as a suicide or not?

At the time of Kieran's death, the government had allocated \$180 million for mental health in the area and I met with the CAT team leader and discussed my submission. The good part is that the hospital that didn't have enough facilities now has a 50 bed psych unit run by the CAT team so I think that at least that recommendation to the coroner may have been heeded though I can never know. I like to think though that my initially fraudulent threat to them eventually helped.

I since hear among my friends sons, that many of them have sworn off the old enemy of pot and drink and heavier drugs and are getting fit. Many are taking compounds and powders to bulk up and a few are on 'natural steroids'. Steroids are easy to buy. My son tried to buy some on my credit card on-line telling me that they weren't steroids. I got a phone call from airport customs about a package and I told them that they should open it. They apparently only open one in twenty. The customs officer told me they looked fine and I asked her if they were steroids. She said no and I asked her if anywhere on the label it said 'anabolic complex'. She said yes. I told her it was steroids and she said, gee we didn't know that. They got sent back.

Separate to my sons death and the issues raised is the fact that I developed high cholesterol and was placed on a pill called Lipitor. It made me have paranoid delusions perhaps similar to my sons. I became suicidal, only recovering once I took myself off the medication. The prescription never mentioned this as a side effect but my daughter in her capacity as a nurse, found that many other people experienced this and there was some

claims in America that it was linked to suicide. I saw my doctor and he looked on the side effects provided by the company and this was not among them. I had to insist that he make a note of this. I hear in the media that when a patient describes a side effect that is not listed on a drug warnings brochures, the side effect will often not be noted. What if 2000 people experience this side effect but it is never noted as it is not listed by the company profiting from the drug? This to me would seem lunacy. This would be self monitoring by a drugs company and fraught with abuse. If I were to have been admitted to a mental health facility they would have looked at all the pills I was taking and not found any ill effects listed among the warnings.

It has only been in the last few months that I have found an After Suicide Support Group run by the Jesuit Social Services. They have been invaluable to aiding my understanding and my dealing, with my sons death. There is a community of support amongst the survivors that goes beyond words. I wish I had found them earlier but sadly there are few support groups.

I wonder what is wrong with a world where no high value is placed on money spent on health issues and social schemes that bare no fiscal profit. The profit is that intangible harmony within a community that is often only recognised and valued once it is gone.

**In summation I ask:**

1. Is there a central data-base that lists suicides?
2. Why isn't steroid testing kits available for health workers and used as a matter of course in this new epidemic?
3. Will steroids be included in drug pamphlets and in education and health training and to customs?
4. Why should police have to deal with the overflow of patients not dealt with by mental health workers? Ideally there should be more mental health workers but failing that, why aren't police trained in mental health callouts and issued with the less lethal Tasers and trained to use them carefully?
5. Why aren't there more After Suicide Support Groups for families in crisis?

6. Why isn't there a central registrar where a GP can list reported side effects to drugs in effect regulating the regulators?