

This submission covers  
the personal, social and financial costs of suicide in Australia;

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

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

the appropriate role and effectiveness of agencies, such as police, emergency departments, law enforcement and general health services in assisting people at risk of suicide;

I am making this submission to share my experiences of someone who was very close to a person who was suicidal and eventually committed suicide and as of someone who is bereaved by this suicide.

My partner of 4 years died after self asphyxiating aged in his early twenties over 12 months ago. Whilst he was obviously extremely mentally ill, I would like to point out what I think were lost opportunities by the police and mental health authorities to intervene over the course of his life and possibly stop his descent into mental illness and extreme depression.

I would like to state in most cases that I believe no one is to blame for suicides not even the person committing the act. I am making this submission to you, politicians who are in a position of power and whom can effect change by instituting new policies and improving on existing ones. I do this in the hope that lives can be saved and that family's friends and spouse's can be spared the devastation that a suicide causes. I speak also for my partner who now tragically cannot speak for himself.

I would also like to touch upon my experiences as a bereaved spouse who lost their partner to suicide in the hope that government and community groups can better provide support for those still dealing with the consequences of suicide. For the person who suicided their journey and there pain is over for me, his friends, his family and those like us the journey is just beginning.

My partner has a long history of mental disturbance being admitted to the psychiatrist ward of the same hospital no less than 4 times in the four years I knew him. All four times no treatment plan was offered, no follow up provided. On one occasion he was omitted after being found unconscious after attempting to hang himself. He was held overnight and released the next day. The last time he was omitted was approximately a week before he died being brought in by police officers after being found in an extremely agitated and incoherent state in CDB. Again he was released the next day. The PA not once offered him a treatment plan, in house psychiatric appointments or medication. Not once. The whole time I knew him he had prominent scars and sometimes fresh wounds on his arms from self mutilating. These noticed by me, his boss and his family but were seemingly missed by mental health staff at the hospital.

The following information I was not witness to but have been told to me on several occasion by my partner.

He had a troubled childhood suffering both sexual and physical abuse.

In primary school the bruises from regular beatings by a family member were noticed by a classmate and where reported to a teacher. The police were duly called and spoke to his family who denied any beatings occurred and the police were apparently satisfied with this. No follow up by police occurred no counselling was offered to his family or him.

At age 15 he reported the sexual abuse he suffered as a very young child to police. For reasons unclear to me the offender could not be charged. No follow up counselling was offered to him or his family. The police informed him of the outcome at his house of his 16<sup>th</sup> Birthday.

I present these facts to you not in an accusatory manner I do it to illustrate the missed opportunities in his childhood and adult life by authorities to intervene and possibly help change the course he was on that lead to his eventual death. When you consider the funding and effort that goes toward keeping people from dying on our roads this apparent apathy show by mental health authorities and police alike is both bewildering and frustrating.

I acknowledge other things contributed to his death, family issues, and his drug and alcohol abuse. I understand that someone cannot completely rely on authorities regarding their mental health and must takes steps to help themselves. However the opportunities and encouragement to do this especially at a crisis point or traumatic event should always be provided.

I have found community or government run groups to support those bereaved by suicide to be hard access or nonexistent. It is a special circumstance which I believe requires specialist counselling and support. I have found a few unmonitored internet groups and a group made up of survivors who meet once every two weeks. This is the only support group in Brisbane. As far as I know they received no funding and were relatively hard to find. The offer no counselling just a meet up. Lifeline has a few brochures on their website that is it. Perhaps organisation like Beyond Blue and Lifeline could focus as much energy of supporting those bereaved by suicides as they do upon suicide prevention, especially given there is an alarming increase in the risk of those bereaved by suicide actually committing suicide themselves. Losing a partner to suicide is unique for many reasons one being that it is extremely common for the deceased family to blame the spouse. This is true in my case also. This reason has stopped me from going to the above mentioned support group as I feel I would not be accepted and would not gain anything from talking to bereaved families. Some sort of specialist support group would be greatly appreciated. I often liken my experience to my sister who lost her child to SIDS she was immediately offered grief counselling and received follow up visits and phone calls for up to a year after the event.

Suicide needs to be seen in most cases as no one's fault and as something with research, awareness and prevention programs can be avoided. It is a terrible thing often taking the lives of the young.

These people are not hopeless cases they live functioning lives they love, they laugh, and they smile, but the struggle with an illness that in its worst moments is intolerable. I believe that suicidal people given the right tools can be helped and recover and it is up to us as a community and the all levels of government to make every effort possible to prevent these untimely and tragic deaths.