

To: Committee Secretary  
Senate Community Affairs References Committee

Inquiry Into Suicide In Australia

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### *Introduction*

I have been a Lifeline Sydney Telephone Counsellor for 14 years and for some of those years have also been a Lifeline Supervisor On Call and a Lifeline Trainer of people learning how to be a telephone counsellor. This work has enabled me to speak to many suicidal people and people who have been affected by the death of someone they know from suicide. I can confidently say that suicide is preventable and that service providers like Lifeline save lives.

As a nation we fail to give enough attention to the serious health issue and the silent killer that is suicide, at times it seems hoping it will go away or thinking that “it is not my problem”. The reality is that Lifeline Australia reports that, tragically, up to seven people are taking their own lives each day in Australia and that an attempt at suicide is made every 15 minutes. Suicide is the leading cause of death for men and women between the ages of 15 and 34. For men suicide is the leading cause of death until age 44.

### *Terms of reference*

#### *a) The personal, social and financial costs of suicide in Australia*

All the above types of costs are suffered by those who lose loved ones to suicide, those who attempt suicide, carers of people who attempt or commit suicide, service providers (e.g. doctors, nurses and counsellors) and the wider community.

Special mention needs to be made of the costs suffered from those left behind after the suicide of a loved one. Having communicated with these people over the years I know it is a “cross” they carry for the rest of their lives. Actor Roy Billing, whose son committed suicide says “you just keep thinking maybe there was something more I could have done” (The Sunday Telegraph, “Depair is killing our young”, 3 December 1995). The guilt and “what if” feelings can cause much pain to those left behind. For some of these people affected by suicide, they may contemplate killing themselves as well, with the desire to “join their loved one”.

When counselling people who are suicidal it can be helpful to speak to them about their loved ones and the negative impact their death would have on them, referring to the pain and despair their suicide would cause for family and friends. Sometimes referring to animals (pets) which may be left behind after a suicide can be helpful as well. The above strategies can help in getting the suicidal person to realise some reasons for living and can help to decrease the intensity of suicidal feelings. However if 24 hours/7 days a week service providers like Lifeline are not adequately funded by the government and corporations, this kind of assistance is difficult to provide in a high quality manner. Money is needed to recruit, train and maintain the telephone counsellors and provide the physical resources for the counselling to occur.

With reference to the costs suffered by service providers, attending to the needs of suicidal people is draining (psychologically, physically and emotionally). In fact not all people are suited to this kind of work. But those who are need adequate support/supervision, on-going training and debriefing opportunities. It is essential that service providers like Lifeline have adequate staff numbers to offer this assistance to their telephone counsellors in order for counsellors to undertake self-care and avoid "burn-out". However if 24 hour/7 days a week service providers like Lifeline are not adequately funded by the government and corporations this kind of assistance is difficult to provide in a high quality manner.

*b) The accuracy of suicide reporting in Australia, factors that may impede accurate identification and recording of possible suicides, (and the consequences of any under-reporting on understanding risk factors and providing services to those at risk)*

We need to recognise that the reported number of suicides is higher than reported, as "suspicious" car accidents and drownings are not counted. Rev. Dr. Gordon Moyes , ex-Superintendent of Wesley Mission which runs Lifeline Sydney has said: "there is a large number of single car and multiple car accidents out there that are actually suicide. Over the years I have had a lot of people recovering from car accidents say to me "I was actually trying to kill myself" (The Sunday Telegraph, "Despair is killing our young", 3 December 1995). We need to start giving attention to accident and drowning statistics so as to avoid under - reporting in the area of suicide rates.

*c) 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.*

All the above services have a vital role to play in assisting with the care and management of people at risk of suicide.

As a Supervisor On Call for Lifeline I have found the police in general to be very cooperative and helpful when I have referred a suicidal person to them from one of our counselling calls and the “cry for help” of the suicidal person has been taken very seriously. However some police tend to display a less serious attitude to a suicidal client who calls Lifeline to ask for help, downplaying their ability to save the life of a suicidal person. For example we know that it is possible at Lifeline to make contact with a suicidal person through the police even though an exact address has not been given. Sometimes police fail to realise this and can get frustrated that the Supervisor on Call does not have every contact detail (“how are we suppose to contact them without an address?”). There may be a need for more training for some police officers when dealing with service providers like Lifeline and life and death situations that the service finds itself confronted with.

It is essential that police realise the power they have to save the lives of suicidal people using the resources they have at their disposal. I have witnessed this many times when I have received a follow-up phone call from those police who have worked hard to contact the suicidal person referred to them by Lifeline and have called me back as a Supervisor On Call, communicating that they were able to stop the client from carrying out the suicide and have taken the client to hospital. However this follow-up communication by police is not a regular occurrence, leaving Supervisors On Call and Telephone Counsellors wondering what happened to the suicidal caller. With reference to the first term of reference, this can be a cost to the service provider as counselling a suicidal person who has to be referred onto police is very draining and challenging. Not receiving any feedback from police can prevent the experience of closure on the part of the telephone counsellor. While it is understood that police have busy jobs, we also need to maintain our telephone counsellors and offer appropriate levels of care, communication and acknowledgement for their efforts.

It is important that governments recognise and increase funding to the non-profit organizations in the “third sector” of our society who daily prevent Australians from killing themselves. There is a lot of research that says that crisis lines like Lifeline are very effective in preventing suicide. I know first-hand that suicidal people who call Lifeline are helped immensely by accessing a caring person who is willing to listen with the intent of understanding what is happening and that their suicidality can decrease during and after calls through the decrease in distress levels and an increase in hope. Suicidal callers tell us this during or/and at the end of a call and sometimes later in feedback after the call. It distresses me to think how much higher our suicide rate would be without service providers like Lifeline. Governments cannot do it alone. It is essential they work in effective partnership with services such as Lifeline.

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

As a community we do not speak enough about suicide and the government must do more in this area in partnership with non-profit organizations. There is a special need to run campaigns in the media and in schools for young people. Greater emphasis needs to be placed on encouraging open debate and comment on issues of suicide in Australian communities.

People from a non-English speaking background need to access information about suicide in their mother tongue. The use of SBS radio and other ethnic radio stations, as well as ethnic newspapers, would be effective tools to use to communicate to these people.

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

Suicide first-aid courses are not easy to access. They should be just as easy to access as first-aid courses and should be cost-friendly (low course fees).

Refresher training courses are needed for those who undertake the above training to ensure that skills are kept up-to-date.

Suicide first-aid courses must be made compulsory for all front-line health and community workers given the high rate of suicide and the vast amount of research and counselling skills that are now available in the area of suicide prevention.

Those people who have lost loved ones to suicide must not be forgotten and all front-line service providers should be skilled in the issues that face these people who are bereaved by suicide. Again in this area there is a vast amount of research and counselling skills that are available to work with.

*f) The role of targeted programs and services that address the particular circumstances of high-risk groups.*

Not enough is being done in schools. There needs to be the same emphasis put on mental fitness as there is on physical fitness. Suicide needs to be spoken about more and more and support services need to be offered to students. This could include information about suicide and contact phone numbers (e.g. Lifeline) visually displayed around schools (e.g. posters) and in student diaries published by schools and in newsletters. We need to challenge attitudes and beliefs by some in the education sector which tell us we must not mention the word "suicide" in front of young people or that schools are not the place to talk about suicide. Schools must be environments where students can identify, reflect on and explore thoughts and feelings, including suicidal thoughts and feelings. At Lifeline we know the power of having people report their feelings and reflect on them with a caring person who is willing to listen with the intent to understand ("feel it, to heal it").

With reference to term of reference (e) all teachers and school counsellors need to complete regular suicide first - aid skills courses as we know the suicide rate is just too high amongst young people in Australia. These must start at university when student teachers are completing their education degrees.

*g) The adequacy of the current program of research into suicide and suicide prevention, and the manner in which findings are disseminated to practitioners and incorporated into government policy.*

Australia does not adequately research the issue of suicide and more government funding needs to be allocated to the area of research in relation to suicide and suicide prevention. More effort needs to be put into communicating research results to the relevant stakeholders.

*h) The effectiveness of the National Suicide Prevention Strategy in achieving its aims and objectives, and any barriers to its progress.*

Obviously with suicide rates at high levels this strategy has had limited success. It is concerning that this program has not been given much attention by members of parliament. Indeed we know an evaluation of this program “which found there was little evidence the strategy had reduced rates of suicide and self harm – has been kept secret for three years, stalling much needed national reforms” (The Sydney Morning Herald, “Shelved report keeps suicide prevention reforms at bay”, August 22-23, 2009). This is another example of the issue of suicide not being taken seriously enough in Australia.

Access to quality mental health services is a problem with too many people with a mental illness being released into society when they are not ready and when they should be in hospital being cared for. There are not enough inpatient beds in hospitals. Callan Park in NSW, is an example of a top quality mental health service with beautiful natural and healing surroundings that is not able to be fully accessed by people with a mental illness. Perfectly modern buildings stand empty at this site. Poor health management by the current NSW Labor Government over many years is not helping in the area of suicide prevention. The “Friends of Callan Park” website reports that “last September the Premier Nathan Rees said the state government has dropped the ball on mental health”.

Services like Lifeline need more funding as at present it is unable to answer all calls received. Doctors tell mental health patients to contact Lifeline when they are in distress in non-business hours. The media directs users to Lifeline when the subject of suicide is spoken about (e.g. the Lifeline number listed at the end of a newspaper article on suicide). There is no doubt a high demand for the service but without adequate funding not all people with suicidal feelings will be helped. This may lead to suicides that could have been prevented by connecting the suicidal person with a caring telephone counsellor trained in suicide first – aid skills.

More effort needs to be put into reducing access to the methods that can be used to prevent suicide. The chairman of Suicide Prevention Australia, Michael Dudley has said that “we have absolute evidence that putting barriers around jumping points makes a huge difference – people do not automatically go and try something else, and it is the same with reducing access to firearms, medications and other methods” (The Sydney Morning Herald, “Shelved report keeps suicide prevention reforms at bay”, August 22-23, 2009).

For example, this year Woollahra Council in Sydney did not receive funding for its suicide prevention project at Gap Park in Watsons Bay. The Wentworth Courier newspaper reported that “in May Woollahra Council was told its application for \$2.5 million to install cameras and fencing at The Gap had been rejected by the Labor Federal Government in favour of other projects”. According to Liberal NSW Opposition spokesperson on mental health, Mr Kevin Humphries, the NSW State Labor Government is at the same time considering a \$1 billion upgrade to the Sydney Opera House (“State should fund Gap”, 12 August 2009). This another example of suicide not being taken seriously in Australia with funding priorities not set right and a local council being expected to tackle what is clearly a national problem.

Don Ritchie who lives near The Gap has tried to prevent many suicides off the rock ledges of Gap Park over the past 45 years. In answering the question “what did he say to people who wanted to end their lives?” Don Ritchie answered “what I did was try to sell people on the idea of coming back from the edge. Sometimes it’s just the fact that someone is talking to them that helps” (The Sydney Morning Herald, The (Sydney) Magazine, November 2009). It is essential that services like Lifeline are available so that suicidal people have someone to talk to. As Mr Ritchie says above this can help someone to continue living rather than kill themselves. The story of Mr Ritchie also reinforces the danger of The Gap for suicidal people and the need for more resources so suicides there are decreased and stopped.

In another example the Roads and Traffic Authority will build a 3.3m steel barrier on the Long Gully Bridge at Northbridge after the a coroner said the bridge was a “magnet” for suicides (The Sunday Telegraph, “Guards in bid to halt suicides”, November 22, 2009).

There needs to be a comprehensive investigation into other “magnets” for suicides around the nation and action taken to prevent access to these “magnets”.

### *Conclusion*

Suicide is a serious problem and a national tragedy in Australia. Suicide is preventable as most people give warning signs that they are thinking about suicide. Therefore we need members of our community trained with the skills which will enable them to recognise these warning signs. Governments cannot address the issue of suicide alone and must work in effective partnership with non-profit organizations like Lifeline providing adequate funding to these organizations. We cannot afford to be complacent or apathetic when it comes to suicide as the costs to the nation are too many. We must always remember, with compassion and alertness, that suicide is final and the words of Voltaire who said “the man who, in a fit of melancholy, kills himself today, would have wished to live had he waited a week”.

*From: Mr Joe Alvaro*