

Background:

My name is Casey McCormack and I lost my long term boyfriend to suicide in February 2008. He was aged 34 and I was 27 and we had been together for 8 years. He had always been a super intelligent, funny, outgoing, life of the party type of guy who never suffered any form of depression or mental illness. Unfortunately this all came crashing down after he suffered a drug induced psychotic episode in Aug 07 which he never fully recovered from. During the 6 months leading up to his death he was suffering mild psychosis, depression and eventually severe depression which was not realised until 2 weeks prior to his death.

I have attempted to write some comments and suggested recommendations next to your suggested topics below.

Topic	Comments/Findings	Recommendations
a) the personal, social and financial costs of suicide in Australia;	He was one of the most popular guys anyone has ever met so the impact of his death was incredible. Most had no idea of his illness so they felt like they had been left out, ignored, like they were not good friends, like he did not feel close to them etc. Many people blame themselves for not making enough effort, some blamed me for not telling them, and some blame the "system" for not stopping it. I felt incredibly sad, scared and a little bit of guilt and anger. I have overcome this now but this devastation will obviously last with me forever.	
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);	There is still a perception that suicide is something to be embarrassed about. Nobody wants to believe or wants others to believe that their loved one was so mentally ill that they took their own life. This is largely due to them not understanding what mental illness is and maybe feeling guilty or embarrassed. Obviously this would affect under-reporting of suicide which does not help with the larger issue of making people realise that suicide is common and can happen to anyone. Before this happened to me I thought that suicide was a selfish act which only "losers" or homeless/helpless people do. It's not until I got closer to understanding what mental illness is that I learnt to try understand how people can get to that state, that it was an act of	Increase perception that suicide happens to the best of us. Increase knowledge and general understanding of why people commit suicide and that mental illness is not abnormal. Encourage families to be honest about the cause of death to others as it may help other people suffering similar issues

<p>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;</p>	<p>desperation and not selfishness.</p> <p>Overall I think the public health service for the mentally ill is good, however I do have a few issues and recommendations:</p> <ul style="list-style-type: none"> - Mental hospitals – these places have the right motives however can be quite scary for someone who is new to them. Most people in there have severe types of mental illness and can make you feel a little crazy (sorry I don't like to use that word!) yourself. People who are depressed are generally not crazy, but being in these hospitals can make them feel that way. Can we not have some kind of mental hospital for people who just suffer depression? Main priority is to keep them safe and make them feel like they are not alone and are normal. - High Risk Periods – the psychologist told us that the first 5 days after taking anti-depressant medication was the highest risk of suicide. He committed suicide after 4 days. Why didn't they hospitalise him during this period? She suggested that it might make him worse. At least he would have been safe! Another friend of mine did exactly the same thing in Oct last year – killed himself less than a week after starting medication. This can't be a coincidence? Why aren't the experts being more forceful? - Police – the police were very insensitive and unprofessional when I found him. He had written a suicide note which the police took without even telling me!! I was very upset about this. It was very difficult for me to even get a copy – my dad ended up going in there and photocopying the note with no assistance or apologies from them at all. 	<ul style="list-style-type: none"> - Introduce mental hospitals for the severely depressed, which is separate from the other mental hospitals. Would make depressed people feel more normal, like they are not alone, allow more specialised classes and group sessions etc. - Enforce high risk patients to hospital, especially when diagnosed as severely depressed and the 2 weeks after starting anti-depressant medication. - Police forces need to be educated on how important it is to be very careful and professional in everything they do, the impacts of one little mistake or act of laziness can be devastating.
<p>d) the effectiveness, to date, of public awareness programs and their relative success in providing information, encouraging</p>	<p>I found the beyond blue webpage very helpful and they also sent me some packs. I ended up reading some stories about other depressed people but found I had to</p>	<ul style="list-style-type: none"> - Beyond blue should include more success stories on their website written by actual people who have

<p>help-seeking and enhancing public discussion of suicide;</p>	<p>filter the ones I showed to him as some were quite shocking and would have made him worse. Would like to see more success stories on there on people who have been at the bottom and gotten out.</p> <p>I was also disappointed that I couldn't seem to find any kind of support group sessions on there? I really think that meeting up with other people going through similar pain would help.</p> <p>Overall I'm really happy with all the work beyond blue is doing to promote depression and mental illness. I was happy with the checklist I recently got in mail and all the branding they are doing. Just need to make sure the money raised is going to help those most in need.</p> <p>In regards to all the teen suicides, I do not believe there is enough support or education on mental health within school. We learn about maths and English but not about how to deal with all the emotions and stress inside our heads.</p>	<p>been at the bottom and found their way out.</p> <ul style="list-style-type: none"> - Beyond blue should also introduce some kind of support group sessions for people who are depressed. - Increase training and education on mental health in schools. Mental illness is just like any other physical illness which can be treated. - Possibly look at assigning a mentor to all school kids when they begin high school. This person is a trained mental health professional who can act as a counsellor as well as a life coach. Enforce meetings with the counsellor maybe once every 2 weeks to make sure they feel comfortable and develop a relationship. Kids won't go see a counsellor by choice because it is not "cool". This person can monitor the mental health of the student and take action where they see high risk.
<p>e) the efficacy of suicide prevention training and support for front-line health and community workers providing services to people at risk;</p>	<p>I would like to highly commend the services provided to me after his death by Jesuit Social Services. The Support after Suicide Program is a great initiative and really helped me get through the hardest part of my life. The fact that it was free motivated me to go and reduced my expectations of the sessions. Please do not ever cut funding for this service as I know it will greatly assist others in need. My friends in Canberra were looking for a similar service and could not find one? I did refer them to their webpage which has been very helpful in understanding what is going on.</p>	<ul style="list-style-type: none"> - Keep up the Support After Suicide program and ensure similar programs are available throughout the country.
<p>f) the role of targeted programs and services that address the particular circumstances of high-risk groups;</p>	<p>Don't know about any of these??</p>	<p>Increase publicity of these groups!</p>

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		
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Casey McCormack