

Submission to the Senate Inquiry into Suicide

19.11.09

Tony Gee
Life Is Foundation

My name is Tony Gee. I am a suicide bereaved parent ('survivor' in the international literature) having lost my youngest daughter Nellie to suicide in 2005. Nellie had just turned 15.

I am also a psychologist (additionally completing a Master of Suicidology at Griffith University) and since Nellie's death have worked to establish a small Foundation (Life Is...Foundation www.lifeis.org.au) to assist in the field of suicide prevention/postvention. We are an embryonic organization and currently all the work done by the Foundation is on a voluntary basis.

I am aware that this inquiry has invited 'survivors' to tell their story and believe you will be inundated with many tragic and heart wrenching accounts. I am also aware that there will be much detailed research and academic information about suicide and risk factors, as well as discussion regarding statistics and the nature of the problem in Australia. I welcome such discussion and believe issues around suicide and self harm in our society are in some measure a litmus test of the real health of our community.

I believe rapid social and economic change coupled with an accompanying 'breakdown' of the inherent strengths and support of family (as the core of our society) is one of the key reasons for the upsurge in depression and suicidality in the Western world. Durkheim was the first to notice but many researchers have since concurred. How we respond to this is obviously problematic, but I believe that there is a need to 'create community' on many levels and in many ways, as a way of offering connection and support when traditional support structures (such as the family and the church) are struggling.

In any event, the Foundation works towards this end in its own small scale way. And while there is much else that could be said, the thrust of this submission is in raising the importance of recognising and supporting small scale initiatives and innovations (such as ours) that do their own part in the wider Australian network. It is noted that such initiatives are highly supported (theoretically) in the LIFE Framework.

So in these terms this submission wishes to address several points:

- 1) I believe Australia has a very good Suicide Prevention Strategy as outlined in the LIFE Framework. I think this framework/template serves the Australian community well now and into the future. I believe we have much knowledge in this field and the challenge that presents is how to put this knowledge into sound practice. In that respect I very much agree with Dr. Graham Martin in his keynote address to the Survivors Conference in Melbourne (May 2009), that there is little point researching (and funding) aspects of suicide prevention/intervention that we already have clear information and knowledge about (such as risk factors). From my point of view the important thing is what we do with what we know, not in simply confirming time and again what we already know (and note this is not decrying research, it is decrying research for research sake). Why not channel some of this funding into programs or at least program evaluation (and perhaps help/coordinate smaller programs which cannot afford such luxury).
- 2) In this manner I am concerned that small organizations are severely disadvantaged by many aspects of organizational/funding practice. Although there are a number of creative and innovative projects that are in operation, there is great difficulty in:
 - a. Having the time and expertise in providing detailed tenders for funding. Some bigger organizations have the funds to employ 'specialist' tender writers and administrators/office support. Tenders are therefore 'skewed' to the larger organisations.

- b. In a similar fashion small programs often do not have the funds to complete thorough evaluations that we would wish on programs, and therefore good information and research data can simply be lost.
- c. While I self fund to attend conferences (ie I recently attended the IASP Congress in Uruguay) and other meetings, I see a number of larger organizations with multiple representatives at these conferences. While I respect the need to be informed and that there may be necessary key presentations and so forth, I question the need for ‘multiple’ representatives and the use of limited public funds for such.
- d. I also believe the ‘consumer’ voice is very much muted in discussions and certainly in prevention/postvention and needs not only to be better heard, but given greater weight. We live in a ‘professional’ or ‘expert’ culture but I always find it contradictory that despite the more ‘expert’ (certainly in the field of depression/suicidality) we have become, the problems do not appear to have significantly decreased. Perhaps other approaches, based on different underlying principles, need also to be explored (see below).
- e. From the perspective of a smaller organization, it is difficult to get the same access to information and to engage ‘bigger’ organisations and attempt to work cooperatively in some manner.
- f. It is noted that many innovative and creative projects begin ‘from the bottom up’ and through small innovative programs (as noted in the LIFE Framework). Some of the (very small budget) programs that LIF is currently involved are:
 - i. **DadsLink:** a programs that aims at strengthening father child relationships, particularly (but not restricted to) separated fathers. It is noted that separated men are a high risk group for suicide and self harm and children from such families also have elevated risk. DadsLink runs regular discussion forums,

father/child camps, and family events (we had over 800 participants overall last year). DadsLink is a primary prevention program aimed at strength/resilience building. It is run in partnership with Relationships Australia (Victoria) and the YMCA.

- ii. **Indigenous Program:** earlier this year LIF organised and sponsored Dr. Lewis Mehl-Madrona (a Native American psychiatrist and healer) to present a series of workshops. These were highly successful in introducing different models of community practice for combating mental health issues, including suicidality. These workshops were also extended to the Australian Indigenous community where cultural exchange and exploration of indigenous concerns and practices were explored. LIF is coordinating Dr. Mehl-Madrona's return in 2010 to build on this work and to co-run further training/workshops within the Gippsland and East Gippsland Aboriginal Cooperative in Bairnsdale, Victoria. We believe this work has great potential to assist this community and to validate community based models of practice.
- iii. **Voices Project:** involves survivor families working with community artists to 'tell their story' in various art mediums. We intend to have an exhibition at the conclusion of the project. This is aimed at assisting families come to terms with loss, but also public education and awareness about the issue. We hope the Exhibition can coincide with World Suicide Prevention Day 2010.
- iv. **Survivor Outreach Support:** Currently LIF in partnership with the Compassionate Friends (Victoria) is undertaking a pilot project for Outreach Support for the Suicide Bereaved. This is funded by a small private grant (and volunteers). The writer recently self funded a trip to the Baton Rouge Crisis

Intervention Centre (Louisiana, USA) to gain knowledge and information to use in the project.

- 3) The above programs are noted not to 'brag' but in order to simply bring to the Committees attention that there is much innovative and creative projects occurring in the community (with minimum resources) that are likely to be unknown outside immediate contact circles.

And it is to this end (as well as the preceding points) that I address the following thoughts for the Committees consideration:

- a. That there be a Suicide Prevention/Postvention Clearing House, so that knowledge and information is brought together at one Central place and available freely over the Internet and funded independently or through a recognized agency. The ClearingHouse to provide:
 - i. updated access to articles and research from Australia and overseas
 - ii. a directory of organizations and the services and programs they currently provide.
 - iii. a directory of possible assistance for research and program evaluation which could possibly link via Universities
 - iv. other useful information...
- b. A review of the tender process or at least a recognition of the disadvantages faced by smaller organizations (it is also noted that smaller organisations have vastly reduced overheads and generally a more direct service benefit to clients).
- c. A review to consider funding for 'smaller' projects to encourage innovation, creativity and initiative. These 'pilot' programs could feed directly into the Program Directory (above) and thereby be available for other organizations to adapt and/or use after the pilot (and evaluation) stage.

4) In conclusion, one of the key things LIF has worked towards is cooperation and partnering with other organisations. I believe it is very important for the sector to work together as ultimately we are all working towards the same end. However, I remain concerned regarding the use of funds for administration/other (where excessive), particularly in the larger organisations, rather than supporting ‘hands on’ programs and essential research. I also have expressed concerns regarding the difficulties faced for smaller organizations who often represent more ‘grass roots’ views, including a wide range of survivor/volunteers whose experience and expertise are often overlooked in our ‘expert’ culture. In that regard, I commend the Committee for being so encouraging of survivor stories (I have had contact with several survivors who have expressed great satisfaction in being able to tell their story to the Inquiry).

I believe the thoughts expressed above may address some of these issues. I thank you for your time and the opportunity to express my thoughts in this Inquiry.