

One of my closest friends in high school killed herself when we were in Year 10, aged 15. She had a mental illness, which I didn't really know until she died, and certainly didn't understand at that age. I struggle when I think back on that time with how naive I was. Could I have helped? If I had known, is there something I could have done to be a more supportive friend? Would the experience of her loss have been different for me if I had understood more about what was going on for her?

It is strange to look back on this event as an adult, almost 10 years on. I have a much greater understanding of mental illness, and of suicide because it felt important to me to do so to make sense as a young adult of my experiences at 15. But more significantly, I have greater experience of human emotions and relationships, life experiences, friendships, university, work, the opportunity to discover and follow my passions and to learn and grow. These are all things she will never have.

It is remarkable to me that next year will mark 10 years since her death, as I don't feel old enough at 24 to be marking the 10th anniversary of anything. I face this milestone with a huge contradiction in feelings. The passing of time has helped me to accommodate her loss in my life, learn from it and to celebrate her life and our friendship not only in private but with more control over my emotions when doing this openly with others. However, the passing years also make me realise more and more that we were both just kids at the time, making me experience even more acutely the sense of tragedy I feel reflecting on the intense pain she must have experienced. It is impossible to understand what kind of suffering could make someone so young make the decision to end her life. I also mourn for the loss of a girl I know was one of the most tremendously loving and talented people I have ever known, and for all that she could have become.

Suicide is a tragic ending to the lives of real people. Daughters, sons, mothers, fathers, brothers, sisters, friends, cousins, partners. The impact of the death of one person is far reaching and long lasting. There is no simple solution to pain that is often lived in private, is not easily understood by people who haven't lived it, and carries the degree of stigma that diagnosed mental illnesses, or intense anguish from life circumstances do. But to seek solutions is important because by protecting people in pain, you protect whole communities from the piercing grief of a premature death that may have been avoidable. I have been frequently amazed in multiple spheres of my life how many people have also had someone close to them die this way. One person's suicide doesn't affect only their closest friends and families but people who were acquainted with them in even the smallest way, like a ripple effect emanating out from a splash in a pond.

I wish I had more practical solutions to offer, as I don't know if this submission has any value without them. But it's hard to reflect as a 15 year on how a situation that I didn't even really know was unravelling could have been avoided. I would therefore like to avoid the specifics of my friend's circumstances or her care as I am not best person able to document them and would not like to make false statements.

I have heard that my friend was turned away from hospital during an acute suicidal episode and was placed under 24 hour watch for 2 weeks in her home by her family before she died. The day of her death, the supervision schedule had been relaxed slightly because she had been reassessed as being at lower risk of harming herself. I do not know if these decisions were made due to strained resources or inaccurate assessment.

All I can draw from this is to plead with the Senate Inquiry to recommend that more resources be made available to emergency mental health facilities, and to the training of professionals in current evidence-based best practice for the diagnosis and care of people experiencing suicidal ideation or acute mental illness. And to take anyone who presents at risk of suicide seriously.

I struggle with the idea of families being responsible for round-the-clock supervision of loved one at risk, especially as a long-term option. The emotional burden of having responsibility for the life of someone you love seems too great a load to place on anyone, at least not without extremely regular and dedicated support on call. Imagine how constant surveillance in such an emotionally-charged situation would impact and alter the relationship between parent and daughter, possibly forever.

In the case of an adult, there are significant issues of privacy and independence in decision-making and treatment options for the person at risk. While the immediate focus of care absolutely must be to promote life, in the long term treatment should empower people be involved in making medical

treatment decisions that are appropriate for them, as well as identifying self-directed strategies to put in place when they experience episodes of mental illness. There is no one-size-fits-all remedy and the dignity of people taking control of their own wellbeing must surely be an important step to recovery.

After completing a two day ASIST suicide intervention course as a Lifeline telephone counselling trainee we were told by the trainers that past experiences told them that at least two of us completing the course would have to use the skills that we had learnt within three weeks of finishing the course. I dismissed this idea at the time but, sure enough, 3 weeks later I was putting in to action the skills I'd learnt when a friend confided to me that they had considered ending their life. This leads me to two points: one, is that having recently been made aware of a practical model for responding to this distressing and confronting situation gave me infinitely better resources for coping, and hopefully helping, than I would have had a month previously. I would recommend this course to anyone and will from now on consider it as essential to maintain my skills in suicide intervention, as I consider updating my Red Cross First Aid certificate every three years. Secondly, I wondered at the time if my friend sought me out to talk to about their situation because they knew I was doing the suicide intervention course as part of my Lifeline training and also that I had a personal experience of suicide. Perhaps they thought that I would be not afraid to talk about this confronting topic. Most people would have few or no people in their life that they would feel comfortable openly sharing pain this dark with, as it changes the nature of a relationship, and talk about mental illness and death by suicide is highly stigmatised.

The truth is, most of our relationships exist on the surface of life. I know there are not many times when I answer the question "How are you?" with anything other than "good thanks" no matter what the real answer is. Any strategies that lead to people having a greater number of safe avenues for dialogue with someone else about how they are feeling can only be positive. Whether that be through health promotion campaigns reducing stigma around mental health issues, up-skilling GPs as a first port of call for people with mental health concerns or making training in "mental health first aid" as readily accessible as physical health First Aid courses. I have rarely been aware of any community health promotion regarding mental illness. Most things I know about mental health have been because I actively sought out knowledge and training in this area, and I still feel like I have so much further to go towards understanding the experience of people with mental illnesses and how to help them. In the case of many chronic health conditions such as heart disease, breast cancer, diabetes, and smoking-related illnesses health promotion campaigns through mediums such as billboards and television campaigns make these issues visible, discussable and promote the philosophy of "prevention being better than cure" and the importance of early detection. They also provide basic information to the community such as early warning signs and where to seek help, and I feel that some of these strategies could be implemented to raise public awareness of mental health issues as well.

My understanding of depression and other mental illnesses is that while people may pursue long-term counselling or pharmacological treatment to gain control over their condition, it is the small strategies like going for a walk, calling someone, watching TV, meditating, writing a poem that give people the most control in the moments that it hits them the worst. Helping people to learn how to be a supportive friend to someone with depression (e.g. by being an exercise buddy, meeting for coffees, being someone they can call anytime) without feeling threatened by what they are experiencing, treating them anything but normally, or feeling pressure to "fix" them would be a positive step forward. Reading the book "Journeys with the Black Dog" which moves away from theoretical and factual information about depression and instead documents peoples' personal stories and experiences, as well as talking to people on the phones at Lifeline about the strategies they use have been the best educators for me. I wonder how people's stories and experiences can be conveyed to the wider public?!

Some of most rewarding calls I receive as a Lifeline counsellor are when callers acknowledge Lifeline as being a resource they can call any time for a listening ear or for distraction, simply one of the tools in their tool kit. As a counsellor I can reflect their strength in seeking human contact over the phone to break the darkness. And I myself can then feel reassured that if they called once, they are likely to do it again the next time they are feeling that low. It would be great to see people made aware that Lifeline and other support services can be used for this purpose. Lifeline is not the only service of its kind, it's just the one I am aware of.

As a phone counsellor I know that I cannot "save" people. I am at the end of a phone line and at the end of the day, I know little about the people I speak to and their circumstances. The best I can do if

someone is speaking of suicide is to use the skills I have learnt to guide my conversation with them, and speak to a supervisor who may make the decision to follow up the call with police/ambulance dispatch services. I can encourage callers to seek out face to face counsellors, existing mental health teams, emergency mental health services or GPs, or refer people to websites like Beyond Blue for further information. Each time I do that I desperately, desperately hope that they reach professionals who do have the power to “save” or at least to help the person save themselves. The bottom line is that there needs to be a mental health “front line” who are empathic and highly skilled to assist people in crisis. And equally importantly the community - be it friends, counsellors and people with mental illnesses themselves - need to know who the “front line” are and where to access them. If someone we know has a broken leg, we know who to call or where to take them, if someone has an asthma attack we know to help them access their reliever puffer. I hope that one day we will be equally equipped to help our friends who are at risk of suicide, or experiencing episodes of Schizophrenia, Bipolar disorder or any other mental illness.

I think my lack of awareness of what my friend was experiencing was primarily due to my lack of awareness of mental illness, my immaturity as a 15 year old and possibly being purposely sheltered from it. Inevitably 15 year olds don't have the knowledge and understanding to detect or understand signs of mental illness in their friends, and I don't think this degree of innocence in young teenagers is wrong, it is a natural stage of development. However, from my experience at that age and from involvement with early teens through a local youth group a few years ago, I feel that open discussion about mental health, appropriate people to talk to when distressed, understanding the difference between normal ups and downs in emotion versus concerns that should be addressed with a professional are very important to address with young people. Maybe this has already increased since I was in high school, I don't know. Teenagers face a lot of pressures, and dangerous influences from their peer groups and environmental sources such as the media, and entertainment mediums, and their need for mental health support and genuine acknowledgment of the issues affecting them by authority figures should not be underestimated. The Internet gives teenagers a place to be anonymous, to share their pain, or to express their feelings into the ether or to people they don't know, often without them being linked back to them. They may do this in lieu of speaking to someone who can direct them to positive advice or solutions. Coping strategies taught to teenagers need to acknowledge and address the unique pressures that they face compared to those faced by older generations. The issues affecting youth, and which make them vulnerable to mental health issues and suicide, have changed dramatically even in the seemingly short space of time since I finished school, so it is not valid to simply “guess” from an adult's perspective what might be helpful to teenagers now. Ongoing direct dialogue with youth about their fears and needs is necessary.

My friend who died was a gifted student and musician and had an engaging and beautiful personality. When we chatted our way through year 9 maths class without paying the slightest bit of attention to the teacher she got the top mark in the class in the final exam, while I got the lowest because we hadn't concentrated. I don't think I'm exaggerating at all when I say she would have excelled at whatever profession or causes she chose to devote her life to. It's not okay to lose precious lives when strategies can be put in place to reduce the number of people who die in this tragic way. It's not simple, but I am pleased that a Senate Inquiry will provide an opportunity for further dialogue and action around the issue of Suicide.

If I can contribute any further to this inquiry please contact me.