

Dear Senate Inquiry member

Please find attached a submission from the Department of Forensic Medicine, Glebe NSW. The *Support After Suicide Program* is a not for profit suicide bereavement support project run under the auspice of the Department of Forensic Medicine (DOFM) Glebe and funded by Sydney South West Area Health Service. It began in March 1999, when counsellors from the then Institute of Forensic Medicine, established a support group in response to the particular needs of people bereaved through suicide in the Greater Sydney area.

The suicide bereaved experience not only sudden and often unexpected death, but also the trauma and stigma associated with this type of death. Research has demonstrated that there is a greater prevalence of risk factors for complicated bereavement in the suicide bereaved. These complications include physical illness, depression and anxiety, substance abuse, family breakdown and the risk of further suicides (Clark, S. (2001) *Bereavement After Suicide: How far have we come and where do we go to from here?* Crisis 22(3): 102- 10. Given the stigma that is attached to suicide deaths, the suicide bereaved are more likely to feel isolated and, in many cases, to receive less support from family, friends and their community.

DOFM counsellors, with their extensive experience in dealing with this type of bereavement, recognized the importance of initiating and maintaining contact with the suicide bereaved, particularly during the first year following a death. Regular, supportive contact may reduce the risk of complications (or at the very least enable appropriate support and/or referrals to be offered if/when complications arise). The DOFM counsellors, (often referred to as Coronial counsellors) are in a unique position. As well as being highly experienced in dealing with sudden and traumatic death, they have access to information regarding each suicide and their next of kin. This occurs because deaths by suicide are reported to and are investigated by the Coroner. The counsellors believed a free, professional, proactive and flexible and ongoing service was needed.

The Support After Suicide Program comprises four primary approaches to the relatives and friends of those bereaved by suicide:

- Initial mail contact
- Telephone contact/support
- Bi-monthly newsletter
- Monthly group meeting

Initial Contact

The SASP team recognises the importance of a proactive approach to the suicide bereaved. People who are experiencing sudden and/or traumatic grief, are particularly emotionally vulnerable and often unable to initiate contact with support services. The

SASP co-ordinator mails all next of kin and any other significant person noted on the Police Report to the Coroner, within 4 weeks of the death. This mailout includes an introductory letter that outlines the SASG service and a NSW Health publication, *Care and support pack for families and friends bereaved by suicide*.

Telephone Contact/Support

Following mail contact, the SASG coordinator contacts each of the recipients of the mail contact by phone (around 4 – 6 weeks after the death), in order to offer support. Regular and occasional support is then maintained /offered according to each individual situation. If contact is unable to be established another short letter is sent.

Bi Monthly Newsletter

The newsletter, sent out every two months, provides a like with the group particularly for those who are experiencing isolation. It provides a forum for education and sharing of information and resources on aspects of bereavement. The poetry and articles often articulate the experiences of the bereaved and allow for identification with others who are experiencing similar losses.

The Support Group Meeting

The SASG monthly meeting takes place on the first Tuesday evening of each month at the Burwood RSL Club. The meeting is a place where people can talk in a safe, supportive atmosphere. It is important to normalize reactions and reduce the sense of isolation felt so often by the suicide bereaved.

The model used for the group is an open meeting, allowing members to attend as often and for as long as they feel the need, rather than being restricted to attending for a defined period of time. DOFM counsellors facilitate the meetings, allowing those attending to share their experiences in a safe, controlled environment while fostering the development of mutually supportive networks amongst the suicide bereaved. The counsellors' presence at meetings and their facilitation role ensures the group remains therapeutic, and avoids the potential of politicization.

Statistics

Details of those who die by suicide and their relatives and friends contacted by SASP is recorded on a database. This database enables us to collect accurate statistical information on those who commit suicide (such as age and gender) as well as their relatives and friends. It also allows us to regularly update the database recording attendance at meetings and those clients who no longer have a need/desire for contact with the SASP.

The impact of suicide on the Australian community including high risk groups such as Indigenous youth and rural communities, with particular reference to:

a. the personal, social and financial costs of suicide in Australia;

Our experience supports the current research findings that those bereaved by suicide experience a complicated and prolonged period of grief. This grief reaction can often be associated with depression and thoughts of suicidality in the bereaved.

We have noted high stress levels in families following a suicide with evidence of hypervigilance, increased monitoring, isolation, and difficulty understanding individual grief reactions.

A bereavement by suicide is multi-faceted affecting the immediate family and extended family in both the short and long term.

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;

Mental health services for people at risk of suicide is reported as being highly unsatisfactory by family members. Resources are inadequate for people at risk of suicide and who are experiencing an emotional / mental health problem, either chronic or acute.

We frequently are told that those who are successful in their suicide, had been denied admission to hospital, or released after a short stay when relatives report to the health professional their loved one was not well enough to be discharged. In addition, out-patient services are not sufficiently resourced to offer the immediate consultation or regular ongoing care and treatment.

The current privacy laws increase the difficulties of parents being able to support their adult children. These parents tell us despite being highly involved in their adult child's care they are denied access to consultation and information with the treating medical team.

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; and

As practitioners with a minimum 10 yrs experience working with relatives and friends bereaved by suicide we are unaware of any resources allocated to research and dissemination of information from that research.

Ms Colleen Fitzpatrick & Mrs Kathy Leader
A/Snr Forensic Counsellor Co-ordinator of the Support After Suicide Program
Department of Forensic Medicine

The following stories attached are from relatives and friends bereaved by suicide.

I hope my story will help and that no one else will have to go through what N and I went through. It has compounded an already difficult time to an extremely traumatic experience. I apologize in advance if I seem to be rambling as I am retelling the story the only way I know how.

I lost my youngest brother to depression in Nov 2008. He was being treated by the St. Vincent's hospital Mental Health team in Sydney. Unfortunately my brother took his life by taking 80 prescription antidepressant pills. I'm still puzzled as to how he got his hands on that many.

V first informed me that he was seeking help for his depression in Jan 08 when he came up for the Christmas and New Year break. I took comfort that he was able to identify that he had depression and was actively seeking professional assistance. To my dismay the help he sought was not enough I did not know how bad his depression was as he did not confide in me more about his feelings and mental state, until it was too late to intervene. On Melbourne Cup day 2008, I got a call from the mental health team looking for V as he had missed an appointment and they thought that he may be holidaying in Queensland visiting his family. I told them he wasn't and I tried to get in touch with him that night. That Friday, I was first notified by a phone call to my mobile while on the train to work. It was from a clerk from the NSW Coroner's office who said that she was checking information of next of kin it was procedural. I then ask her what has happened and had a sinking feeling that something bad had happened. The clerk said she had to get her supervisor to call me back. An hour later, while at work I got the call, he identified himself (I cannot recall the name) as all I heard and remembered was that my only brother had taken his life at the age of 32, ten days shy of his 33rd birthday. I pretty much fell apart at work. My colleagues called my husband N at his work to come pick me up.

N, who was also close to V, and I have, from the initial coroner's phone call and the consequent events that unfolded in this whole sad and sorry tragedy and in sorting out V's affairs since his passing, have tried to do what we thought was right. We tried keeping peace between my parents as they are no longer together so that there will not be any argument and heartache. N and I figured we had to assume this role as both my parents reside in Brisbane, Queensland and my sister was pregnant with her first child and had also just started a new job in that , could only limited time off. I was pregnant with my second child – we never got to share this news with V. We were unsure of NSW protocol on how to proceed in settling his estate – he did not leave a will. There was no guide as what we should do and how we should go about packing up his apartment and settling his affairs. We have now done this with legal advice from a Sydney lawyer.

What N and I went through in Sydney will forever haunt us. We found it hard to discuss the experience for a while. That early morning we landed in Sydney, we caught the taxi to the police station. I spent two tearful hours recollecting V's life of 33 years to the Inspector as they need to know his past history and what he was like as a person. Meanwhile N was taken to his apartment to clean and pack. Unbeknown to him there was a nasty surprise there for him as the constable

who found V was only young she miss instructed N about what is to be done all that was said was that it's ok to start packing.

N spent two horrifying hours crying on his hands and knees picking up pieces of V's blood, hair, skin and muscle tissue on the walls and the bed head board and scraping up large amounts of caked up body fluid that pooled and dried under the bed and the ones that ran, pooled and dried at the foot of his bed; from the seven days his body laid there. He was at the same time inhaling the stench that permeated the whole apartment which also clung to his skin, hair and clothes. The smell was so bad the mortician that received the body had to treat and seal the coffin immediately when it got to the funeral home. We were told that the room did not fit the criteria for a forensic clean and only a soiled sheet had to be removed. It could not have been further from the truth. N was also left alone immediately once entering the unit as the police were called to an emergency.

I was driven to the apartment after my police interrogation finished. Here N and I both crying and dry retching, preceded with the packing and cleaning unfortunately for us we still found pieces of V all over the apartment because the forensic officers were very callous when they got there initially. They absently flung the blanket that covered V across the room which took and scattered some of V's skin with it and also left their soiled gloves on the floor. All they took to the morgue was V's body and the bed sheet that he was lying on.

At the end of this whole horrendous and traumatic week we were so scared emotionally and mentally, emotionally and physically exhausted that we had to see a therapist for four months after we went back to work to try forget and cope with everyday life as it had effected both our home and work lives, we were very disturbed. We still relapse now and then and have a cry session and talk about the hell we went through in Sydney again we will take this to our graves. No one will ever know what it was like to be immersed in that gagging smells whilst pick up pieces of V all the while picturing the vibrant, beautiful, kind and sweet brother and dear friend that it once belonged to.

It would have helped a lot if:

- I wasn't told over the phone initially – I was later told that the protocol for this was not followed – not good enough,
- There was some guide as how we proceed to settle V's affairs in NSW – eg. Not walking in to the apartment the way it was,
- There was a guide to what our legal role was (ie. Next of kin vs letters of administration) and
- There was some guide as how we precede dealing with the legalities involved – eg. when arranging for V's funeral we had to apply for a death certificate from NSW Birth, Deaths and Marriages, it took two applications to confirm that V had died. The first said that their records showed that he was still alive. Apparently we applied too soon and they didn't have their records updated.

As I write this on what would have been his 33rd birthday, I am still waiting on the NSW Coroner to rule on COD. I hope some positives will come out of this inquiry as the current process needs a lot of improvements.

Kind Regards,
H L
RE: Senate Inquiry into Suicide

I am very happy to hear about the Inquiry.

My husband, GC took his life on 9th July 2009. I know that if there were more facilities dealing with mental health patients, GC would still be alive. I had a horrific few years prior to his death. He suffered from Post Traumatic Stress Disorder from work related incidents and was self-medicating on alcohol. Work Cover was paying all medical bills, but the main problem was getting him into hospital.

Below is a copy of a letter I sent to GC's psychiatrist on 9th September. This explains what we went through. I have taken out the doctor's names. The psychiatrist has not replied.

I could have gone into more detail, but only just read the Support After Suicide Newsletter today. I am happy to give you further information.

Yours sincerely

K C

Dear Dr xxxxxxxxxxxx

It has been 8 weeks and 6 days since my husband, GC, hanged himself. I thought, at the least, I would have received some message of condolence from you.

I am writing to you because I feel that what I am conveying possibly could be of help to some other poor person who is in a similar situation to G.

You may recall, or check your records if you don't, that on 11th March 2009, I provided you with a lengthy account of how G acted when on the many occasions he was discharged from St John of God Hospital. (Interestingly, G told me a few days later that he agreed with everything I had written). It was my intention that this information would enable you to instigate an alternative treatment plan for G. Also on that day, I gave Professor xxxxxxxx the same information, which he read before seeing me in the company of G. The three of us discussed G's past and current treatment. It was then agreed that as there had not been any advancement towards G feeling better, a new strategy should be organised. I asked about ECT and Professor xxxxxxxx was of the opinion that this was an option. I recall driving home on that day and feeling happy that a different approach to G's treatment was at least worth a try. Apparently, you then decided, "G was not a candidate for ECT", nor did you consider changing his treatment. I assumed that a "Professor" would have a higher degree of knowledge than a psychiatrist, so I

cannot understand why you did not go ahead with the Professor's advice. I now wish that I had challenged you on that decision and sought a second opinion.

As a psychiatrist, I thought you would be able to detect when G was telling your lies, isn't that what mental health patients do? His backup in the community was non-existent. G did not have the ability to rationalise what was best for him, he mainly dwelled on all the terrible things that had happened. He felt that he had no way out, especially as the medication, which you assured him would make him feel better, had not made the slightest difference.

During a telephone discussion I had with you when I voiced my concerns regarding G being left alone at home, you advised me not to worry unnecessarily as you were of the opinion that G would not actually go through with suicide, just continue to self-harm. I expressed my concern regarding a noose which I found hanging in the garage and also G pointing out to me that a tree in the back paddock would be a perfect place to hang himself. You may think that I am a meddling wife, but I think that in the future you should take notice of what "the wives" of your patients are telling you. How much time did you spend with G?

Up until G was diagnosed with Post Traumatic Stress Disorder, everyone who had daily contact with G agreed that he had a comparatively happy life. He never complained about much and we were a "normal family". In recent times, G appeared to be thinking of more and more things that, in his mind, had been terrible experiences during his life, but to anyone "normal" would not have been an issue. I recall a relative visiting from England two years ago who couldn't believe how much G had changed. She commented that her memories of G were of him being the happiest member of the family, always fun to be with.

Do you not understand that G sitting around at home all day alone, without the willpower/ability to do anything that may take his mind off things, would only make him worse? The St John of God staff advised me that I should go about my usual daily activities and leave G to his own devices. So, off I went to work every day and spent the whole time worrying about what he was doing. Driving home was the most nerve-racking experience, as I would dread what I may find when I arrived there – my fear ended up proving to be correct, as he hanged himself while I was at work. I have been told that self-harm is a cry for help. Why didn't you consider that and try a different treatment when G continued to self-harm? He would have been alive today if he had been in hospital with twenty-four hour care and attempting different treatments.

I am still in shock and haven't really come to terms with the fact that G will never be coming home. I tried so hard to find G the best treatment, but no matter where I turned there was always another obstacle to overcome.

I could see G slipping further and further into depression, but he refused to go back to St John of God Hospital again. Something different happened to him during his last admission in March, which made him decide that he would not go back. Every time you discharged him, I just could not understand why. Especially when on some occasions he was re-admitted a few days later. On those occasions it had taken him hours to agree that he needed to be re-admitted and then to have the courage to do so. I think he felt ashamed that he was unable to break through the barrier and get back on track. He had helped so many people over the years, but just couldn't

find someone to help him. The time between each visit to you as an outpatient was ridiculous; he needed, at the least, weekly appointments. Surely, you didn't believe that G would actually accomplish what he told you he intended to achieve when he was discharged from the hospital. That is what he wished he could have done, but he just didn't have the ability to do so.

G had so much to live for, but was unable to put up with the torment he was going through. I get through each day with the belief that at least G is now at peace. Everyday was a battle for G and he kept saying that he just wanted to feel normal again. I will never know what went through his mind on the day he passed away, as he seemed ok when I left for work. I am so grateful that it was not me who found him in our garage – a friend of his had that unfortunate experience.

I am not looking forward to spending the rest of my life alone. Surprisingly, G made all the arrangements for the two of us to do the Harbour Bridge Climb when we celebrated our 40th Wedding Anniversary on 3rd May 2009. We had a wonderful day. G and I had made plans for our retirement; now we will not have that pleasure. Our dream of enjoying our days together after years of hard work will never be fulfilled.

The hundreds of messages of condolence I have received show the admiration everyone had for G. I miss him terribly. They say time heals, I hope so.

It's too late for G; however, I want you to at least think about what I have written. I am totally dissatisfied with the treatment plan offered to G.

Yours sincerely

K C

To Whom It May Concern.

This senate inquiry into suicide is timely for me as now feel I am up to writing about our experience.

For us, while the police were as accommodating as possible, there was just no support at the time and in the days after our son, J, took his life until we had access to the NSW Coroner's based counselling service. Even then the consistency of contact was not always there

J committed suicide on Christmas day last year (2008) although we still don't have any real detail as the actual time-frame. We were away at the time staying at a town east of Nowra. The police phoned on our other son's, S, mobile phone to confirm he was J's brother. That was all they asked and when my husband, B, spoke to them they told us they would phone back in 30 minutes. That was the longest 30 minutes I have ever endured as I imagined all scenarios relating to J. I assume during this time they were trying to send someone down to where we were staying. That did not happen and when they phoned back my husband had to plead with them to tell us why they were phoning. B was then told J had taken his life. In a state of shock we packed up and headed back to Sydney around midnight.

Boxing Day was a blur but I do remember we still did not know how J had taken his life as we had no contact with anyone. We assumed it was an overdose as this was the way previous attempts were taken. It was not until we had contacted his partner who told us he had found him and that he died from hanging. This of course was very distressing for us and him.

This is the one time I have felt that I was not supported by the Police. However I realize that it is not the fault of the Police involved as our experience was at a time when they were down on numbers being minimally staffed. The only Police officer who saw us was after we had contacted the Chatswood Police Station from the detail on the incident card left at our place. While she tried her best to be supportive it appeared she was 'out of her depth' and I believe it may also have been her first experience of a young person's suicide (J was 28 years old). Christmas can be a distressing in time for many people, so much so that they attempt or succeed in taking their lives. For our intensely sad experience it would have helped if we had been told face-to-face by someone who has been expertly trained in the handling of this type of trauma and then had excess to that person or specialized group during the first few days. Therefore, in my opinion, a more experienced Police or a specialized government section need to be available especially during this high risk period.

The other issue we are still experiencing is trying to obtain an accurate and final death certificate. Even though we have been informed by the NSW Coroners office that a Coroner's report was released over a month ago to Births, Deaths and Marriages (BDM) we have not yet had the final Death certificate. We have had to rely on two interim certificates that have the date of death as 'on or about the 23rd Dec 2008'. We still don't know why two have been issued. Again, while the Coroner's counseling group has been helpful, we have not had a specific person to deal with and therefore have had to relay on different individuals with no consistent detail on the progress of the Coroner's investigation. While we were advised that Coroner's report was to be sent to BDM I now cannot get official confirmation of this as the person my husband had contact with via

email is now on leave and a follow-up email has been transferred to a 'central answering service' with no reply yet. I am very hesitant to contact BDM until I have been given a specific person to contact as in my opinion BDM need training in people contact skills. The ones we have dealt with in the past have been the rudest and most uncaring people and provided inconsistent information at each contact. Deaths relating to suicide need to be handled with at least a minimal understanding of the families continuing grieving over a long time frame.

On a positive note I have been comforted by the continuing support and detail provided by the Newsletter from the NSW Coroner's office 'Support After Suicide Group'. While I have no personnel issue with any of the people from the Police or the Coroner's office who have tried to help on an official basis, I believe that the appropriate use of a group such as this would be a much better way to:

- Handle the initial and follow-up contact during the first essential hours and days until more close-knit support from family and friends can take over
- Provide a consistent contact for arranging the longer term detail that needs to take place over time e.g. Coroners office, BDM etc.

Yours Sincerely,

P P

11th November, 2009

The Commonwealth Government
Senate Inquiry into Suicide

TO WHOM IT MAY CONCERN

I write with both interest into the recently announced Commonwealth Govt **SENATE INQUIRY INTO SUICIDE**, and as a survivor after the tragic loss of my husband to suicide.

It is most disturbing to hear that statistics released are not accurate when reporting deaths by suicide, and depending on beliefs etc of families a definite suicide is often reported as an open finding. Why hide the truth, people need to become aware of the increase of this hideous choice of death, more so than ever in Australia where we experience some of the highest rates in the world of people committing suicide-both male and female, all creeds, nationalities, the wealthy and the poor and most disturbing is the fact that it also affects all ages. Suicide is on the increase and taking many of our youths of today.

While ever it is covered up, the stigma carries on and people hide their heads so as not to acknowledge the problem. With no change we will not move on to help bring out to Australians the great need for more resources and services, and *suicide prevention awareness* throughout our nation. Suicide does not just involve the deceased, but has a far reaching impact on many, for each person lost this way. "One person lost is a loss to the World"

Whilst the inquiry may not help those already suffering the traumatic life they now face after losing someone to suicide, it may be of comfort to know that finally something is being done, and perhaps provide some form of support for those who currently live

in constant fear of losing a loved one this way and becoming just another statistic!

No one can truly understand the absolute *burden of grief* one faces after the loss of a loved one to suicide. It is a pain so great there really are no words to describe it, except to say that it is unrelenting in its horror. The traumatic suffering, chaotic mind, anxiety, such sadness that leads many family survivors to such a deep depression that they too become suicidal and some who ultimately die in the same way. Then there is also the guilt. Why do we feel guilt when in nearly every case all that could be done was done for the deceased. The best that one could do, and could do at the time! Often the carer is left alone to face the extremes of ups and downs, manic bouts & absolute exhaustion in their attempts to support and protect their loved one. Their own physical health deteriorates with the support that is sometimes required. The reliving the unbearable scene of their loved ones death, despite the method used it is always violent and gruesome, a memory that remains with them for the rest of their life. An almost incomprehensible thought.

My husband first attempted suicide in July 2000. A complete and utter shock, out of the blue although he had bouts of being down due to PTSD from his time in the Navy.

I gave up my professional career to support and stand by him to find answers to help him. During this time we suffered humiliation with often no doors to open and many times shut in our face. My husband did not want it to happen, he did not want to die. But he also admitted that whilst he dreaded it could happen, he could not guarantee that it would not. He did everything possible to prevent himself suiciding. Slowly his own fine abilities were being lost to a deep and dark hole of depression.

To know this man it was unbelievable that he was now also suffering anxiety and panic attacks. This was a man of true courage and grit that served in the RAN as a SAR Diver (Sea Air Rescue) a man who put his own life on the line often to save others. What did we face? Often like being trapped in a mirage of negativity by those whom were suppose to be supportive in the medical field. Despite

finally finding good support sometime in 2003, my husband was by then feeling he was becoming a burden.

He sought the help, he took his medication-cocktail of drugs, many many hospitalisations and as a final attempt approx 75 ECT treatments. His final sufferings lasted just over 7 years, another 2 attempts on his life in that time and finally a fourth which resulted in a suicide complete. **By Hanging!** Alone with his despair and unknown degree of pain and suffering.

What is Left Now? Nothing for on that night he took his own life in the belief he was removing himself as a burden, he also took my life too and affected so many others, his friends and family. Suicide is not just about the loss of a loved one but what it leaves behind and takes into the future of those left behind.

However **nothing** does equal something. For the survivors left to struggle with the loss it is many things. It is a life of unbearable pain and suffering, affecting one mentally, emotionally, financially and with a great negative affect on physical health. There is no light at the end of the tunnel! Only a most *Complicated Grief*. Grief and unimaginable pain for the rest of their lives. All the unanswered questions, the "WHYS", the method that was chosen all to remain forever unanswered.

I like most, truly loved the man that I shared 34 years of my life with more than half of my life, my true soulmate. When he became ill I stood up for him and fought for him so that he may have and enjoy his life, a life he so deserved.

Yet he was denied treatment in a number of instances. "Mental Health issues are too much for some and simply put in the too hard basket"

A kind gentle man, not a violent man, but a man that died a most violent death. I watched as he sometimes became a different person because of his illness, a man you would not recognise as he ploughed his way through this illness, an illness that he too did not understand.

I know but can not at this time accept that I should not feel guilt! It was not I whom let him down but “the system” and those that work within it! When its all too hard let the family battle on, the unexperienced ones seeking to understand and support an illness they know nothing of, where to go next. There was rarely a forthcoming answer.

To face the truth of what has happened is just impossible for me. My own complicated grief is now almost paraelling that of my beloved. For different reasons ofcourse, for mine is grief but a grief so painful that I now ask the question where will it all end? Down in my depth of depression in which I continue to fall deeper and deeper, will I too become a statistic! Only time will reveal.

On closing I find it interesting that I sit here writing to you on such a special day as Remembrance Day. A day marking the terrible conditions and sufferings that humans were sent to endure. Men and women that were often left to endure their traumas and demons on their own. How many of them suicided?

was a TPI Veteran ex Royal Australian Navy – Fleet Air Arm/HMAS Melbourne. At this moment memories flood back of our time spent in the married quarters of HMAS Albatross and a tragedy that took place a few doors down from us one summers evening. An air crewman sat on his lounge, put a gun to his head and pulled the trigger. Dead by a bullet and at his own hand. For days the lounge sat on the front verandah, a reminder of a life lost.

We were all saddened at this horror, but yes we too were ignorant of suicide and its ramifications. And certainly we would have never imagined that it would too touch our lives in its indiscriminate way, and in its own time.

We are forever being reminded of the advancements made in mental health over the past 50 years and the billions of dollars that have been put aside to investigate and support! Why then does suicide continue to increase?

On your Agenda/Forum of Inquiry you may consider a few of the following:

- 1) The number of Defence Force Personnel that take their lives. The means used to make or break them to be suitable members of the defence forces.
- 2) The number of suicides within a family after the loss of a loved one in this way. Another life lost because of the inability to carry such a burden.
- 3) The education and awareness of those that are involved in the community and mental health. Eg. The Police Force whom are responsible for brutality towards many of the mentally ill, the much needed improvement with many medical practitioners both GP & Specialists, Mental health nurses, many which should not be in their positions. I was recently told by a male nurse when trying to explain suicide stats etc “The only people he cared about was his family and his salary” He worked at Concord Repatriation Hospital – M.H. Unit ! Principals and teachers with such an increase in suicide amongst our youth is this not a great need and a place to start **AWARENESS**. The understanding that it is ok not to be okay – blue, depressed, sad. Remove the stigma now amongst the young. Suicide is a very real fact, children need to be made to be aware and to understand what it is all about. It may one day save their life or that of a loved one.

In the years I have spent and no doubt will continue to spend within this arena I have to say that I have found little apathy shown to those that need help. Little seems to have been done in Australia as compared to other parts of the world that seem to recognise the epidemic! Everyone must be made aware of the stresses that are causing increased mental health issues, suffering and suicide. It may not affect ones life today but what tomorrow brings ??

It gives one hope when the Government has finally acknowledged the seriousness of suicide in Australia to hold a Senate Inquiry. May it open more doors and save lives now and in the future generations.

Please also acknowledge my gratitude for the care and support I have received from the councillors and the families of victims from - Support After Suicide Group -DOFM - Coroners Court, Glebe NSW. Also the work of the Salvation Army - Supporting families of suicide.

I would gladly avail myself to any future inquiry or research you may undertake after the completion of the current Senate Inquiry. Please treat it with care, and undertake the best understanding that you possibly can to understand the suffering of the deceased and of those left behind.

Yours sincerely,

9th July 1956 - 8th December 2007

To our family the experience is still very new and the impact now is grief, questions and a constant search for answers to questions maybe unanswerable I know but how can I not ask the questions, how can I just try to get on with life. I need to ask the questions so that I can care and protect D's siblings and friends from any further pain from this happening again.

I knew suicide to be a threat only because occasionally we hear of it happening mostly we hear a very brief mention of someone putting themselves in front of a train, or the one who had hung herself, an older woman with teenage children. Why? did I dare ask, was it any of my business, is it an invasion of their privacy to ask why. I heard recently (had my son heard too) that someone who knew someone's sister's friend had hung herself and that was because of a long term suffering of being a survivor in a car crash. Was she the driver I don't know. My 16 year old daughter has a friend that has tried to commit suicide a couple of times, he suffers from depression, because, and we don't ask due to respecting his privacy, something that happened when he was young. I know about depression from what I hear from the advertisements from Beyond Blue. I know people who suffer from depression and think they may be at risk of suicide.

As a parent I thought I knew the signs to look out for – saying goodbye to people, giving away things, depressed, talking of suicide. But my son he lived he did not appear to be depressed, we had a good relationship we talked about all sorts of things but not about suicide. He was studying and planning to go to uni. He had friends although I don't think he knew how many friends he had or how many people cared about him.

So you know a little more about my son I will describe him. He was tall, last time we measured him he would have been 6' 7" tall with big blue eyes, skinny but had been building up his muscles. The last council clean up he saw a bench press with the supports for the weights bar and was all excited and asked if we could go and pick it up so we put the trailer on the car drove up the street and I helped him load it onto the trailer. We went to the hardware and I helped him choose the wood, then we went to spotlight to buy the vinyl to recover the bench. I bought him the paint. He stripped everything back and it looked great, he was so proud of it he even showed his dad when he came to pick them up. He had a lovely girlfriend (K) so sweet did anything for him, we liked her and her parents liked him. Just the other weekend K's dad asked him over to watch the footy finals and have a beer, he was so happy about that. He had some good friends and was starting to build some new friends. He was completing his HSC equivalent at TAFE and seemed to be getting very good results.

But there was something else happening in D's life he was going to court the next day on charges of driving whilst disqualified from driving, he hadn't set out to drive that night and would never have driven if he hadn't been drinking but one thing led to another and he drove. He was so scared that he would go to goal. His father had told him previously what would happen to him if he went to gaol which is so disgusting I cannot even repeat. The court case was for the Wednesday and on the Monday he had tried to organise to have some drinks with friends but I said no it was a week night. On

Tuesday I rang before leaving work to see how everything was and ask if we needed anything and he told me who was over and that they had already been drinking so I said only till 9 then as he had to be at Katoomba by 9:30 and he was not an early riser.

He had only two friends over and his 16 year old sister they had a case of beer. D had a strategy to not drink too much and that meant having a glass of water between each drink. But by the time I realised he was drinking fast it was about 8:30 so I went to tell him that he may have to put the rest away there were only three beers left. I put the beers in my room and the other boys were gone by 9 just like I had asked. I saw D was upset and sat and talked with him for a while, he talked about the court case because it was going to be adjourned and he said to me I just want to have it heard and deal with whatever the outcome is. He said it was too hard worrying about what was going to happen. So I said Ok we'll talk to the solicitor and see what he says but I was OK with that and told him I understood. I knew he was worried about the outcome but the solicitor had said that he may get a suspended sentence which would mean that they would take him for a short period of time but not overnight. But he must have thought that there was a strong chance of him going to gaol cause he said to me that he would still be able to study in there and I said yes. He even started to cry when he said that, not just a cry but a deep quick sort of sob, he was afraid. I knew he was afraid but I would have been more worried about him if he was blaze about it. He asked me for the three beers that I had put away I said no at first then he talked me around by saying he was OK and he would be finished by 11. I said OK have a coffee so to my surprise he made a real coffee with the coffee machine and even had a glass of water, so I gave him the beers. I gave him a couple of hugs and told him I loved him. I said to R to give him a hug cause he was upset and she did no problem they were very close. I went to bed I even came back out and gave him another hug. He never had a problem with giving me a hug. I sat up for a little while then went to sleep.

I woke to R knocking on my door saying she cannot find . I thought he may have found someone to continue drinking with and was worried cause he had to be in court that day. I went into his room which overlooks the back yard and noticed the back spotlight was on, but sometimes the kids have left the light on so did not really think that much of it. I went out to the side area were they go to smoke and called out to him D!! D!! went into the garage where they have a lounge that they dragged in from the same council clean up day that he got the bench press from. He was not there, there were some clothes still hanging on the makeshift line that were on the ground now so I picked them up and had them in my arms when I went to see if he was in the back yard having a smoke I walked down the side of the house called D!! D!! the light was filtering through the tree and there he was at first I thought Oh there you are that's good but then as I walked that bit further past a garden I could see his legs his legs were bent up at the knees and I realised he was hanging there. Oh know how could this be the split second thoughts going through my mind it can't be I dropped the clothes and ran to hold him up and screamed at the top of my lungs as loud as I could NO NO NO I wanted to bring him back I knew he was gone but would not accept it I kept screaming for someone to come and help why did my neighbours not turn on their lights was I not screaming loud enough.

My husband R heard me and came running down, at the same time R was screaming what's happened too afraid to come into the back yard Ring an Ambulance I called, it will give her something to do as well, I did not know what to do except try to get D down.

At the same time R tried to take the rope from D's neck but I could not hold him up high enough I was not strong enough so R held D while I tried to undo the rope but couldn't. R said get a knife to cut the rope I didn't want to leave but knew I had to get a knife why did no one else come I thought. I ran inside to get a knife was it then I told R to call an ambulance I don't know. I raced back down and cut the rope and D fell from Rs arms to the ground I looked at his face and his eyes were open he was cold no this could not be happening I had to go to R she was calling out what's happening I don't remember leaving D and going to R but next thing I remember is being at the top of the driveway with R to wait for the ambulance did R ask me what happened did I answer I don't remember. We saw lights coming down the road it must be the ambulance they were going slow looking for numbers on letterboxes so we waved to them and they pulled over. There were three of them, it must have been shock but I realised I had to show them where D was so I led them down the driveway through the side gate and down to the back yard to where he was lying. R was giving CPR which I later found out that they, triple 0 had rung back and were talking him through the CPR. I went inside the house I had to be with R, D was gone I knew. When I left the ambulance officers they were putting things on D's chest. I could not do anything I had to be with R.

R, I say, promise me promise me you will never do this promise me and she does. I feel relieved that she has promised me that she will not do this but I am still scared. I had to ring D's other sisters but not until the ambulance officers confirmed what I already knew just in case I was wrong and I wanted to be wrong maybe they had brought him back maybe I was wrong but they came and told me that he was gone. I had to ring his sisters how was I going to tell them I think I rang K first they are only months apart in age I asked if D her fiancé was there and she just kept asking what happened I told her of course she was so upset and D got on the phone cause she could not tell him they were coming up. Next M the eldest sister with three children and pregnant weeks with her fourth child. How can I break the news without breaking down myself I really don't know how I did it. I tried to ring his dad but it only went to message that was to be expected they always did that, so I knew I would not be able to contact him till 9am. I rang my sister as well as trying to ring D's other sister. By now there are police and detectives there needing to talk to me. They were very good and I could tell it was hard for them and they were very considerate of me but there were forms to fill in details to be given. I went down at some time to say goodbye to D I didn't really know how to do that as I could see his body there but knew he was gone and felt as though I should be there with him sitting with him but he was not there he was gone and I had to support his sisters. L, D's step brother whom he always introduced as his brother never his step brother was in the background I thought had only just woken and was in a sleepy daze, he is only 13. I still cannot contact his dad or his sister S.

I wanted to ring a friend of mine whom I knew well but did not want to wake her silly thought then I knew she goes to the gym at 6am so thought I'll ring after she gets home she came straight over. The others did not realise that D was still lying in the back yard and when they did wanted to go and see him, should they I thought well it's up to them K was not sure so I said R went to see him and say goodbye so ask her how she felt about it, did it help or make it worse. I could not decide. So they all went down to say goodbye to D, K, D, M, M her son Z, and L I could not go I wanted to support them all but could not bear to see their pain. There were so many people to tell tell them not to put it on facebook till I have had a chance to tell his father and close friends.

M and R went around to tell K maybe tell the parents first so they can break it to her. Who have we forgotten I don't know go through my phone and see. By now all the thoughts have been flooding in why, how did he do exactly, answering peoples questions and now there are more people arriving. My eyes are so red and so swollen that when I look in the mirror I'm surprised that I can see out of them.

By about lunch time his friend whom was over the night before arrives with his mum and some flowers and I remember thinking I don't want flowers I want my son but I thank them for their words of sympathy and the gesture of flowers what else do you do there is nothing they can do I would not know what to do or say. More flowers and cards arrive but I don't want flowers I want my son. Later though I appreciate the flowers and it would seem wrong not to have the flowers so the flowers are good. More friends and their parents arrive and stay for a while. I see the fear in the parents faces its almost like they are fearful this could happen to them they tentatively ask questions and I try to give them some sort of information. M enlarges a photo of D and puts it on the cabinet were it sits now with all the cards of caring thoughts or cards that people give with their names attached because they could not find words to express that would have been me not knowing what to say and knowing that nothing I could say would ease the pain but it is in the words that people give of the hugs and no words that offer the support that gets me through these dark days.

So much to do and to organise finally I get a call from D's father he is in Tasmania arrived the day before he finally got reception on the phone I had to break the news to him what a horrible thing to do, he cries uncontrollably. We had a difficult divorce but I know his pain to loose a child my child, his child. People keep arriving they cannot believe it, they say that when they were told that it may be a horrible joke. I don't mind everyone coming over it's good in some way each time I cry and they cry each hug help in some kind off way. How can a hug help? maybe cause words cannot express it.

There needs to be information out there on suicide. I know why it is not covered by the media but if D new the pain that all of us are going through I'm sure he would not have done it or was his fear or pain so great that he would not have been able to think of anything else. People said it was not like him to do this and at first I said I agree he was not depressed but he was drinking a lot. But the more I think about it, it was like him to do things without thinking of the consequences he would just get a thought and then act on it, so was this planned had he planned it the night before but I had stopped him from

drinking so the next day he started before I got home from work. Was he planning to commit suicide or was it that he thought he was going to gaol and so he would have one last drink with his friends.

I can't write any more.

But R will still not sleep by herself and has friends over on the weekends or I sleep with her during the week. K tries to stay home but always ends up coming to my place. L seems Ok. I need to do something get away, learn a language, build something. Some of his friends cannot sleep at night.

On Xmas day 2009 it will be one year to the day of losing my best friend and partner of almost 9 years. Suicide for me used to be something that happened to other people but then it became personal. I found my A after he had hanged himself in his workshop. I won't write about that night or the overwhelming grief of the following months because words still fail me as to how I have managed. Such painful memories over the last 11 months but I do believe that the body kicks in its own health prevention mechanism by blanking bits and pieces. I am blessed to work with an amazing bunch of people. I have family and friends for support and I now understand and appreciate so much more the word "support" and what it truly means.

The Police and Coroner's Office were a blessing to work with at first and I spoke at length to anonymous voices that helped me so much to come to terms with this part of my life. My A was a Child Sexual Abuse Case for many years and refused counseling when he used to get stuck in his moments. He used to always say "together we could work through things and with my love and support he could overcome such memories". XMAS was always extremely hard for him and so it was on such a night he chose to leave behind the memories and to (in his words) give me back my beautiful life. I will never go through an angry stage re A doing what he choose to do because I saw first hand his suffering, his anxiety, his pain and internal turmoil. His dysfunctional childhood was unfair to say the very least and he deserved to grow up a normal little boy because he was a normal, loving and down to earth young man.

I love to receive and read the SAS Newsletter and will eventually send off my poem that I wrote for A. This Newsletter has been like having an extra special friend looking out for me and staying tuned into my life. Some of the words I feel are written just for me. I can now relate better to what real grief is all about and know that what I am going through is normal. The pain of losing my A as I did will make me a stronger lady no doubt. I sometimes feel like saying "come on world, bring it on, you have dished out the worst and I am here and I am coping". A used to make me laugh a good deal and so I take that laughter and move forward slightly each moment because of him. I will always miss him. Thank you for allowing me to write these few lines and know that I cope better being able to do so.

Yours faithfully

M D

KH

1. I want these so called professionals to listen to the parents.
2. Parents know if their children will give misinformation.
3. Parents know when their children will agree when they want too.
4. I want the professionals to stop being callous and be caring.
5. I want the children, when in care at a mental facility, to be looked after and helped to open up.
6. Parents need to know that their children will receive constant counselling whilst in these facilities and help to get the children or young adults to talk about what is happening within them.
7. I want to know that my child is going to be in the facility until ALL avenues have been explored and ALL that can or will be done, is done.
8. I do not want a child to be released when the parents believe that this is not beneficial to the child or to their siblings.
9. I do not want the children to “slip through the cracks” as my son did and was left to suffer when a mate committed suicide.

The high profile tragedy of the Waterlow family this week could be cited as fundamental testimony of the failure of government at all levels to provide health care for the mentally ill.

- This is what it's like!
- This is what it's all about!
- No beds!
- No hospitals!

No NSW doctors or NSW health care professionals have 21st Century research, training, knowledge, understanding of what's going on in the event of mental illness. Not a clue about:-

- What happens to the patient.
- What happens to their family.
- What happens to their friends, their network, their basic life.

The mental health profession are absolutely not equipped to deal with it.

Who in their right mind would consider that a mentally ill person is a fit person to gauge their own needs, medical, living, pharmaceutical, treatment?

Well that's what the "soft-soaps" have been doing since they put the mentally ill back on to the streets.

Some take their own lives prior to a calamity, a travesty, as occurred at Paddington, Sydney this week. The family is devastated. Friends are devastated. People ask 'Why'? Everyone is left crushed, broken, distraught, and lost.

If these patients are allowed to languish, as is most certainly the situation in this week's sad situation, others are hurt. Needlessly, cruelly, horrifically. Because of Government neglect. Because the government has abrogated its responsibility to those suffering souls in need of health care. Government prefers not to deal with it.

New South Wales needs mental hospitals.

New South Wales needs mental health beds.

New South Wales needs training for health professionals.

New South Wales needs research into mental health, causes, treatment, pharmaceutical developments.

I have found many many areas of research, which I have followed up for myself, and it didn't cost me one cent.

Why can't the so-called professionals?

Why can't governments fund research, direct those whose responsibility it should be in New South Wales to get out there and find out what the rest of the world has put funding into, and the results of their research?

- **It's just a bit too hard!**
- **It doesn't read like a balance sheet.**

Well, it doesn't take too much reading, and searching to find out what is necessary for an improvement to begin to happen.

Educating the public, and all public service areas which may need to function in relation to Mental Health issues would help. Early reports in the newspapers reveal the journalists did not know what they were talking about. Subsequently the public are misled. I would call that 'proliferating ignorance'.

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