

NEW SENATE INQUIRY INTO SUICIDE IN AUSTRALIA

Submission of Patricia Lisbeth Strachan of
retired Solicitor :



My views are those of a parent, living in the south of NSW :

1. The personal, social and financial costs of suicide in Australia :

By far, the greatest cost is mental. Why did this happen? Why will the medical profession do nothing to help them? What can I do (apart from being ridiculed and ignored)?

2. 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) :

I am not aware of any such reporting, etc. As I understand it, nobody is interested, nobody cares about accurate identification and recording of possible suicides. The bulk of the medical profession is only interested in pushing drugs into their victims. Who cares if they have been misdiagnosed?

3. 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 :

Such appropriate role and effectiveness do not exist. In my experience, only the emergency department at Albury Base Hospital rates recognition and I cannot speak highly enough of the care they gave to my son.

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

I am not aware of any such public awareness programs. I can only conclude that in this area of NSW, those responsible for such programs do not care. Encouraging help-seeking must surely be a joke.

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

I am not aware of any such training and support. Certainly none was evidenced. My experience was that the persons concerned were only too happy to continue to push into my son the drugs which had already caused him to attempt to commit suicide, despite the

fact that a doctor had had the guts to come forward and say that he had been misdiagnosed. One such health worker even told me lies which caused me much distress.

6. The role of targeted programs and services that address the particular circumstances of high-risk groups :

I am not aware of any such programs and services in southern NSW. I doubt if the authorities care.

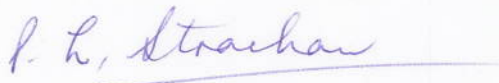
7. The adequacy of the current program of research into suicide and suicide prevention, and the manner in which findings are disseminated to practitioners and incorporated into government policy :

I am not aware of any current program of research. I am aware that the doctor who saved my son's life has made her own research and that she has been condemned, vilified and ridiculed for daring to speak out.

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

I have never heard of the National Suicide Prevention Strategy, so cannot comment on its aims and objectives. If there is to be any advance in preventing suicide, the medical profession must first be taught that it is not good enough to label every victim as schizophrenic.

The impression I have gained is that nobody cares that prescribed drugs cause a person to attempt suicide; that those same drugs continue to be pushed into the victim; and that nobody cares if the victim tries again and again until he succeeds in committing suicide.



P.L. Strachan

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