

SENATE COMMUNITY AFFAIRS REFERENCE COMMITTEE

INQUIRY INTO SUICIDE IN AUSTRALIA

Submitted by:

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I am making this submission because for many years I have been involved with the ongoing problems confronting the gay, lesbian, transgender and HIV/AIDS communities relating to suicide and/or attempted suicide (ideation).

The gay, lesbian, transgender and HIV/AIDS communities (hereinafter referred to as GLTH) have generally not been included in studies about suicide and this lack of attention to such community members is directly attributable to the homophobia of the population at large and governments at all levels in particular.

Non-government organizations such as beyondblue have over the years refused to involve these groups in their research and care facilities because they are intrinsically homophobic and refuse to deal with people for whom they have the utmost contempt.

Fortunately there are a few organizations such as Suicide Prevention Australia who actually see the larger picture of human rights and who are justifiably concerned at the fact that GLTH people have been treated as they have been by society at large.

This brings us to the point of the senate inquiry exercise which is that so many groups around the country are not being looked at for possible suicide reasons and have dropped off the agenda and therefore helped cause depression, loneliness, anxiety, desperation, and ultimately suicide.

Most at risk, according to statistics which may or may not be very accurate, are young males, and specifically young gay males and many living in rural or regional areas where they have no access to any type of support or community consultation processes.

Also at risk in similar categories, but not young, are older people in our communities who may be isolated, have lost partners, have few or no friends, have no supporting networks and are therefore totally isolated.

Personal experience in recent years has been as a carer during the 1990s of people with AIDS at a time before various combination drugs had become available, and many were dying of AIDS-related diseases which were horrible in their actions on bodies already decimated from ongoing illness and debilitation. When some of these young men were told that they had a particularly nasty illness which would blind them or cause other major traumas, they were not prepared to go through the suffering they had seen in so many of their friends, partners, relatives, acquaintances, so they simply prepared themselves for suicide and

succeeded.

Earlier personal experiences of suicide were related to family members or acquaintances, and so often, reasons were not forthcoming as to the causes of the suicides. Now in my 80s with a partner likewise in his 80s, my thoughts have been drawn to aspects of euthanasia because of the dreadful sufferings which occur with certain diseases which, at the end of a long life does not inspire one with hopes of a painless death.

Why suffer needlessly when there are other solutions?

However, that is not the reason I am making a submission to this senate inquiry. The reason is that I am sickened by the ongoing homophobia which is causing so much trouble for GLTH members in our communities and the fact that there are so few resources out there for them to get any help from.

Recent changes to same-sex relationships legislation by the federal government ensured that their refusal to consider providing a transitional arrangement for the December 2008 legislation helped many desperate people in long-term partnerships to attempt suicide because they saw their situations as hopeless.

Fortunately, in one particular instance which has come to my knowledge, the people involved in these traumas were assisted by friends who were also specialists in such fields as gerontology and social work and lives were saved. This may have been the exception to the general rule.

Before addressing the items in the "Terms of Reference" document I believe that one issue above all needs to be addressed and that is to ask the question: How far is the federal government prepared to go in addressing fundamental problems relating to suicide "homophobia and financial support for organizations addressing the issues involved? Will the government be prepared to ensure that better statistics become available and that the findings are made public?

These are but a few of the questions which require urgent answers. Without positive responses, the whole inquiry is a waste of time and money.

TERMS OF REFERENCE:

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;
The financial costs should be the least of the Inquiry's problems. The personal and social costs are infinite and cannot be quantified without doing much deeper and more meaningful research into the consequences of suicide to those left to address the disasters. Indigenous youth and rural communities can not be dealt with unless the government is determined to address indigenous poverty, unemployment, housing, education and related issues and ensure rural communities have the services required to assist those most in need. This means not only young but old members of our communities who are isolated and without support.

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);
Accuracy of suicide reporting requires more resources than are currently available and more effort needs to be put in to determine if unexplained deaths have been recorded without adequate explanation. There are so many risk factors ignored by mere statistics that it is therefore necessary to have greater services available AFTER risk factors have been identified.

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;
If suicide is such a problem in Australia as this inquiry would suggest then it seems as if the appropriate role and effectiveness of the agencies mentioned in item c) are totally ineffectual and publicity needs to be generated to address the problems faced by the communities. There would thus appear to be a failure to be aware of, and assist people at risk of suicide.

d) the effectiveness, to date, of public awareness programmes and their relative success in providing information, encouraging help-seeking and enhancing public discussion of suicide;
Four young people committed suicide in Geelong during the last year. There was a public outcry about the publicity generated in the media, and attempts were made to silence all discussion on the issue, particularly by people like Jeff Kennett of beyondblue. This is hardly calculated to enhance public discussion of suicide.

e) the efficacy of suicide prevention training and support for front-line health and community workers providing services to people at risk;
If suicide prevention training and support for front-line health and community workers was working, there would be no need for inquiries such as this, so the question is self-answering! There would be no alarming increases in rates of suicide as possible statistics seem to suggest there are.

f) the role of targeted programmes and services that address the particular circumstances of high-risk groups;
What targeted programmes and services exist for young and old GLTH members of our communities? Are they publicised? Who runs them? Does one find them in the media? Are isolated GLTH people found to be in particular circumstances making them high-risk groups?

g) the adequacy of the current programme of research into suicide and suicide prevention, and the manner in which findings are disseminated to practitioners and incorporated into government policy;
If the current programme of research into suicide and suicide prevention was adequate, findings would be disseminated to whoever required the information and government policy would respond accordingly. Again this item begs the question "is there actual government policy which addresses suicide and its enormous ramifications for the communities and those most affected by the impact on individuals, families, groups, partners" the numbers affected by each suicide have ripple effects.

h) the effectiveness of the National Suicide Prevention Strategy in achieving its aims and objectives, and any barriers to its progress.

The barriers to the progress of a national suicide prevention strategy, if such a strategy actually exists, would be the homophobia besetting the federal government and those who develop policies for the government. There would therefore be no possibility of any aims and objectives being achieved until such time as there was a total reversal of attitude to so many gay, lesbian, transgender and HIV/AIDS members of our communities by all levels of government in Australia – local, state and federal.

We have a web site which was started when we became involved with groups trying to overcome the homophobia generated by the religious institutions in this country who have a direct link to government through various ministers and lobby groups. The web site is:

<http://home.zipworld.com.au/~josken/suicide.htm>

We started the web page in 2001 and now, in 2009, not only has nothing changed, the situation has deteriorated during those 8 years.

We are making this submission in the hope that the apathy and homophobia surrounding the issue of the suicide of young and older gay people will actually be drawn to the attention of policy-makers and politicians who will do something to ensure that the problems in indigenous and gay communities causing so many to be driven to suicide will finally be addressed.

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