



## **Submission**

### *Senate Inquiry into Suicide in Australia*

Community Affairs References Committee

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*beyondblue: opening our eyes to depression throughout Australia*

## Key areas for action and recommendations

1. Depression, substance use, trauma and other risk factors for suicide -
  - Danger in not treating depression – depression is a major risk factor for suicide
  - Community awareness essential – *beyondblue* approach, evidence awareness and practice.
2. Improving access and Quality of Service – multi level health reforms required, variable drug, alcohol, mental illness community health and hospital systems. HHRC refers – poor outcome for people with mental illness.
3. Men and their families target for education, awareness and support campaigns
  - Call to action – *ad campaign and targeted community awareness essential*
4. Strategic projects addressing risk factors and high risk population groups, (examples included) e.g. *beyondblue*/Incolink building and construction industry.

## Recommendations (to Senate)

1. Ensure that the current model of mental health care in the public mental health settings can adequately manage complex mood disorders.
2. Minimise misdiagnosis by ensuring assessments are made by highly trained primary care and mental health staff.
3. Ensure that people are able to access safe treatments (inpatient/outpatient) prior to becoming suicidal.
4. Ensure that people with complex mood disorders are not prematurely discharged from treatment services.
5. Equip services to provide continuity of care to those with depressive disorders through redistribution of resources across both depression and psychosis management.
6. Mandate basic training in substance use disorders for all mental health workers to address the well understood increased risk of suicide of people with co-occurring substance use disorders and mental illness.
7. Increase awareness and understanding of men's health issues through campaigns and education as an essential first step in changing attitudes and help-seeking behaviour.
8. Increase awareness of mental health issues through innovative and targeted initiatives, using appropriate technologies.
9. Create targeted mental health promotion messages in a variety of mediums such as print, radio, television, internet etc to enable increased accessibility.
10. Deliver tailored mental health messages and information in a broad range of settings, including the workplace, newspaper and general magazines, and medical practices.
11. Utilise high profile people, particularly sportsmen, to convey attitude shaping messages to men about their mental health and their thoughts and behaviour.
12. Build on successful examples (e.g. *beyondblue*'s campaigns targeting depression) to promote mental health issues and help-seeking behaviour utilising mediums that have resonance for the target group (e.g. text message information for young men).
  - a. Provision of appropriate information / support for carers of family members who may have a severe mental health disorder, to ensure they are aware of warning sign, where to seek emergency assistance and how to support a person and access support themselves.

13. Ensure health promotion messages targeting men, in particular, address the factors that influence help seeking behaviour including:
  - ❖ poor access to and limited knowledge about appropriate services; and
  - ❖ the culture of stoicism and self reliance that can result in delays in seeking help until symptoms are severe and may influence suicidal ideation.
13. Utilise the workplace to enable effective and far-reaching health promotion activities and mental health messages.
14. Consider a nationally consistent approach to National Occupational Health and Safety checks, encompassing both mental and physical health components, to be implemented in workplaces.
15. Ensure early intervention / prevention strategies have a focus on timeliness – Research has identified approximately one third of young people who died from suicide were found to have been depressed for less than three months.
16. Ensure early intervention and prevention programs to focus on drug and alcohol use and early help seeking.
17. Integrate prevention and early intervention programs, including health messages, into existing social networks and groups, eg. Rotary, Lions, Probus, Vietnam Veterans, RSL's.
18. Ensure future programs targeting specific population groups, ie, Indigenous men, people from culturally and linguistically diverse backgrounds, are:
  - ❖ provided in locations accessible to the population group;
  - ❖ developed and delivered using culturally sensitive and appropriate materials and approaches; and
  - ❖ Involve the population group in the delivery where possible, through training, education and support.

## Suicide attempts and suicide completions in Australia by gender and method

### Suicide attempts and Suicide completions in Australia in 2007

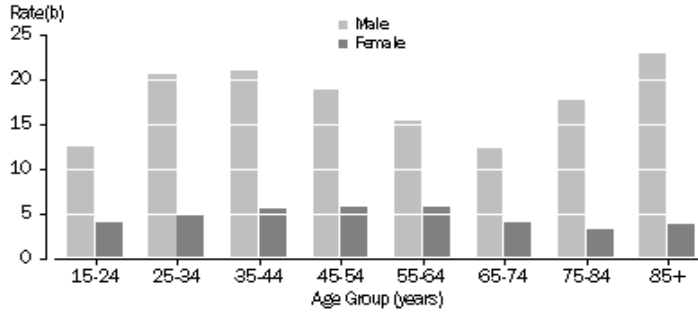
- 65,000 suicide attempts were made (0.4% of the population) (Slade et al, 2009).
- 1,881 suicide deaths were registered (ABS, 2009)

Over 2.1 million Australians aged 16-85 years at some point in their life have had serious thoughts about taking their own life with over 600,000 making a suicide plan and over 500,000 attempting suicide (ABS, 2008).

People who attempt suicide show significantly higher levels of distress, hopelessness and depression than the general population and are more likely to attempt suicide again, with the increasing possibility of a fatal outcome (LIFE Fact Sheet: Suicide Attempts). Suicidal ideation is around one half times higher for those with affective disorders than for those with a substance use disorder / anxiety disorder (16.8% compared to 10.8% and 8.9% respectively) (Slade et al, 2009).

The male suicide rate is approximately four times higher than the female rate. This pattern is fairly consistent across all age groups with the exception of advanced old age (>85 years) where the male to female ratio is even higher (see Figure below).

### AGE-SPECIFIC SUICIDE RATES



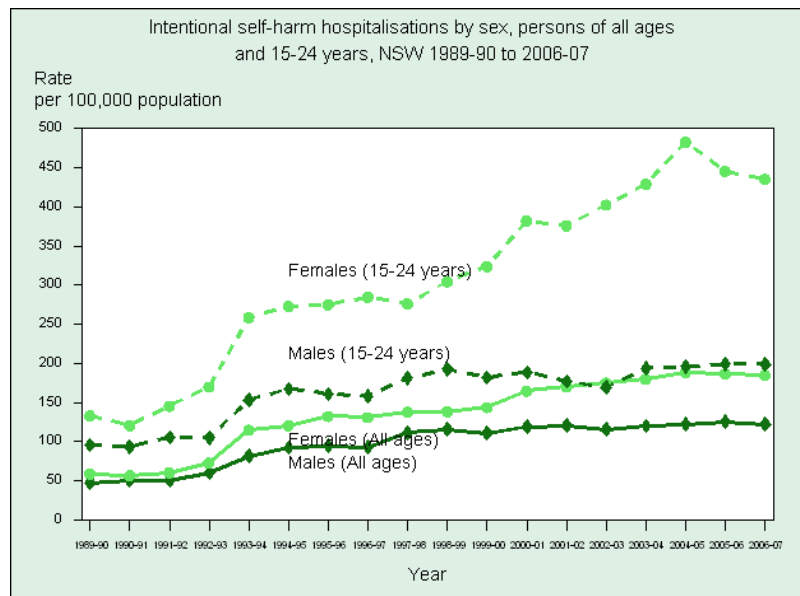
(a) Causes of death data for 2007 is subject to revision. See Explanatory Notes 3-4 for further information.  
 (b) Deaths per 100,000 estimated resident population for each age group and sex.

Source: ABS, Causes of Death, 2007

However, suicide figures reflect only the number of completed suicides and not suicide attempts. Women, in fact, attempt suicide more frequently than men but are less likely to complete suicide (Patel, 2005). This is often due to the method of suicide. Approximately 70% of suicide attempts by women (international data, Chen et al, 2009) are through self-poisoning which has varying effectiveness. Men tend to choose more violent and effective methods such as hanging (53% for males compared with 41% for females) and firearms (8% for males compared with 2% for females) (ABS, 2005).

Despite the difference between women's and men's *completed* suicide rates, the intention for suicide and attempted suicide are slightly higher for females (Slade et al, 2009). Approximately half of all suicide attempts occur in people between the ages of 25 and 44 years of age and a quarter occur in young people between the ages of 15 and 24 years. Young women aged 15 to 19 years have the highest rate of suicide attempts (LIFE Fact Sheet: Suicide Attempts).

The numbers of young females aged 15-24 hospitalised for self harm has begun to decrease after a peak in 2004-05 from 483 per 100,000, however the numbers remain significantly higher than any other age group (436 per 100,000 population compared to 185 for females of all ages in 2006-07) (NSW Health, 2008). See Figure below.



# Inquiry into Suicide in Australia

## Community Affairs Reference Committee

*beyondblue: the national depression initiative* welcomes the opportunity to formally respond via the submission process to the Community Affairs Reference Committee on Suicide in Australia.

Though the issue of suicide is not the core business of *beyondblue*, there is a clear link between *beyondblue*'s work in areas of depression, anxiety and related disorders and suicide prevention. As such, this submission addresses the Terms of Reference of the inquiry, in particular "the role of targeted programs and services that address the particular circumstances of high-risk groups".

This submission outlines key issues relating to mental health and suicide, service quality and access issues, education and awareness campaigns, and *beyondblue* strategic programs and collaborative projects that engage at-risk populations including men, Indigenous, youth, rural, and disaster-affected communities. Recommendations are provided within the submission.

### About *beyondblue: the national depression initiative*

*beyondblue: the national depression initiative* is a national, independent, not-for-profit organisation working to address issues associated with depression, anxiety and related disorders in Australia.

*beyondblue* works in partnership with health services, schools, workplaces, universities, media and community organisations, as well as people living with depression and their carers, to bring together their expertise. Specific population groups that *beyondblue* targets, due to their high prevalence of depression and anxiety, are young people, Indigenous people, people from culturally and linguistically diverse backgrounds, people living in rural areas, men and older people.

*beyondblue* has five priority areas that it structures its work around. These are:

1. Increasing community awareness of depression, anxiety and related disorders;
2. Providing people living with depression, anxiety and related disorders and their carers with information on the illnesses and effective treatment options and promoting their needs and experiences with policy makers and healthcare providers;
3. Developing depression and anxiety prevention and early intervention programs;
4. Improving depression and anxiety training and support for general practitioners and other healthcare professionals; and
5. Initiating and supporting depression and anxiety-related research.

### Depression, substance use and other risk factors for suicide

In a study of mental health risk factors of suicide among **adolescents**, Brent et al (1993), found that the most significant psychiatric risk factors were **major depression, bipolar disorder, substance abuse, and conduct disorder**. Substance abuse was a more significant risk factor when comorbid with affective illness than when alone. The majority of depressed suicide victims had a primary affective disorder (82%). A significant minority (31%) of depressed suicide victims had been depressed less than three months. This finding has serious implications for the timeliness of interventions.

Studies regarding the **adult** population suggest a range of factors are associated with increased suicide risk and the most important of these is a **history of mental illness (notably depression)**, particularly where more than one mental illness is present, or a **mental illness is combined with harmful drug use** (Beautrais, 1998; De Leo et al, 1999).

Sokero et al (2003) investigated **risk factors for suicidal ideation** and attempts among samples of psychiatric patients with **major depressive disorder (MDD)**. The results showed that during the patients' MDD episode, 58% of all patients had experienced suicidal ideation; among the 15% of the total who had attempted suicide, almost all (95%) had also had suicidal ideation. Hopelessness, alcohol dependence or abuse, low level of social and occupational functioning, and poor perceived social support were found to be significant risk factors that predicted suicidal ideation.

### Access and Quality of Services

It is generally recognised that ongoing reform of mental health care systems across Australia is required as well as a commitment to a coordinated approach to mental health care.



We know that more than a million people in Australia have depression and related disorders at any one time, but less than half are receiving medical care (Andrews et al, 1999). Given the links between depression and suicide this is a priority area to be addressed.

A range of potential reasons for minimal or absent care may include misdiagnosis, limited access to services, varying quality of treatment, mental health workforce numbers, mental health workforce training and lack of choice of services (eg, primary, secondary and tertiary services). All are areas where there is room for improvement.

Allied health workers, such as psychologists and counsellors have a crucial role to play in the delivery of mental health care for people with depression, anxiety and substance use disorders. Whilst there have been efforts to make allied health services more accessible, particularly through the Australian Government's *Better Access to Psychiatrists, Psychologists and General Practitioners through the Medicare Benefits Schedule* initiative, many patients with depression and associated mental health problems are seriously compromised by the cost required to access appropriate services (beyondblue, 2008). There is a pressing need for the state public systems to address the needs of people who are not able to access or afford treatment under the MBS items; who therefore may "fall through the gap", potentially only seeking crisis services at the acute stage of illness, or at worst, not seeking any service at all.

### **Men as a target for education and awareness campaigns**

It is well known that the prevalence of suicide is much higher in men than women. Male suicides continue to outnumber female suicides, accounting for three quarters (77%) of all suicide deaths in 2007. Increasing men's awareness of the signs and symptoms of depression remains a key priority for *beyondblue* as there is a low level of awareness of men's mental health problems generally amongst men and the broader community – despite their high prevalence and debilitating impact. Depression, anxiety and substance use disorders have a significant impact on men's health in the community, with 18% of men experiencing a mental disorder (ie, anxiety, affective or substance use disorder) at any one time (ABS, 2008).

The *beyondblue* Depression Monitor is a regular survey of 3,200 Australians which provides additional information surrounding mental health awareness. In the most recent 2007/08 survey, the data demonstrated that:

- ❖ men were less likely than women to rate mental health issues as a major health problem in Australia (6% of men compared to 9% of women);
- ❖ men were much less likely than women to mention depression as a major mental health problem (45% of men compared to 66% of women);
- ❖ men were twice as likely as women to say they 'didn't know' what the major mental health problems in Australia were (21% of men compared to 10% of women); and
- ❖ men were less able to identify most of the signs and symptoms of depression than women.

While there is still work to be done, below are examples of *beyondblue*'s men's mental health education and awareness campaigns that have been, and continue to be successful, in raising awareness of mental health issues amongst men and the general community.

### **Incolink & *beyondblue* Help-seeking Behaviours Research Project**

Working with the building and construction industry, predominantly men, hard to reach, low help-seeking, high substance use (alcohol, tobacco, cannabis), high risk, with high stigma of mental illness ('it's a weakness', 'all in the mind').

The results of the quantitative research showed that 'significant others' can play a crucial support role for apprentices. Therefore, this research component sought to investigate the role of significant others in the lives of apprentices. Using a sample of 146 young workers, this research explored help-seeking attitudes, behaviours and preferences of apprentices and young workers.

### **Taking care of yourself after retrenchment or financial loss**

This *beyondblue* resource was developed as a result of the Global Financial Crisis to address the loss of employment confronting many Australians. It contains questionnaires, and advice on issues associated with the trauma and changes to financial security, it contains, tear out, practical worksheets to make sure many of the important issues associated with changes in their lives are addressed.

### **Community Service Announcements**

All commercial television networks support *beyondblue*'s national advertising campaigns, providing free prime-time space since July 2004 for *beyondblue* community service announcements encouraging viewers to reach out and provide support for people who are exhibiting signs of depression. Viewers are directed to the *beyondblue* website



and info line for information. The campaigns extend through print media, cinema advertising, billboards, public conveniences and posters on public transport.

There are six TV commercials in the series – three focussing specifically on men. Below are ads targeting men in the workplace and men with depression and drug and alcohol problems.

### **beyondblue Rural Advertising Campaign to Tackle Depression in Men**

From July 1 2006, *beyondblue* advertisements aimed at raising awareness of depression among men have been seen and heard on television, radio, in cinemas and newspapers in rural areas across Australia.

The ads portray a middle-aged farmer, a twenty-something young man at a country football ground and an Indigenous man on a rural property. All of the men talk about their experience of depression and the message is: "Men do get depression. Find out more. Call the *beyondblue* info line 1300 22 4636."

### ***beyondblue strategic projects addressing risk factors and high risk population groups*** **beyondblue info line**

The *beyondblue* info line is a national telephone service providing depression information and referral services to the general public. When established, the info line was promoted strongly to men – particularly those in rural areas, as this group was known to be the least likely to access information about mental health issues. The campaigns have been very successful in generating help seeking amongst men. The *beyondblue* info line receives more calls from men than any other helpline, except Mensline. Men account for more than 46 per cent of calls from regional areas and more than 56 per cent of calls from rural areas to the info line.

The high level of use, together with the delivery of a quality service, has ensured the continuation and expansion of the *beyondblue* info line.

*"Thank you for helping me. When I called I was suffering from depression, and I didn't realise what I could do about it.*

*Since talking to you, I have seen my GP, and with a combination of antidepressants, counselling and some changes to my lifestyle, I'm starting to feel much better. Thanks to you for turning my life around."*

*beyondblue info line caller*

### **Suicidal Thoughts and Behaviours and Deliberate Self-Injury: Guidelines for Providing Mental Health First Aid to an Aboriginal or Torres Strait Islander Person**

With funding by a grant from the *beyondblue* Victorian Centre of Excellence in Depression and Related Disorders (bbVCoE), guidelines were developed to describe how members of the public should provide first aid to an Aboriginal or Torres Strait Islander person who may be at risk of suicide or is suspected to be deliberately injuring themselves. The guidelines were developed by the Orygen Research Centre in collaboration with clinicians with expertise in Indigenous mental health. It includes information on the signs that indicate a person may be suicidal, types of self-injury, and reasons that people may engage in deliberate self-injury. The guidelines can be downloaded from the Mental Health First Aid website ([www.mhfa.com.au](http://www.mhfa.com.au)).

### **Save A Mate Our Way – Remote Indigenous Youth Project**

#### ***Pilot and Evaluation***

In 2007 *beyondblue* and the Australian Red Cross completed a pilot project in six communities across four sites in Queensland targeting Indigenous young people and social and emotional wellbeing. The evaluation of the pilot project demonstrated that it was effective in training community members to support each other in times of need and it was considered appropriate to roll out to other communities across Australia.

#### ***Extension of Project***

A larger scale project is now being delivered based on the successful outcomes of the pilot. Forty communities are being engaged in four States and Territories. Major goals of the project are to:

- build the capacity of engaged communities to respond to issues affecting young people including depression, anxiety, violence and alcohol and other drug misuse through peer leadership and support;
- continue to research the efficacy of such an approach in addressing the emotional and social wellbeing of youth in remote communities;



- continue to develop, implement and evaluate tools for engaging, negotiating and working with Indigenous communities on key issues relating to depression, anxiety and alcohol and drug misuse;
- develop culturally appropriate resources for Indigenous communities regarding key health issues including depression, anxiety, violence and alcohol and drug misuse.

## Indigenous Hip Hop Projects (IHHP)

*beyondblue* has partnered with Indigenous Hip Hop Projects (IHHP) to raise awareness of depression, anxiety and related disorders amongst regional, rural and remote communities with high indigenous and multicultural populations. IHHP travels across the country working with schools and local services, running workshops in hip hop dance and promoting the Youth*beyondblue* positive messages of Look, Listen, Talk and Seek Help together.

Indigenous Hip Hop Projects link with local health services, schools and youth organisations to strengthen the bonds between the community. This connection encourages local providers to continue to raise awareness of depression and anxiety, and promote the *beyondblue* messages, once IHHP conclude their visit.

The Youth*beyondblue* messages of **Look, Listen, Talk** and **Seek Help together** are designed to encourage young people to speak up about their mental health, take care of their peers and talk to someone they trust and get on the road to recovery before their problems progress to depression, anxiety or suicidal ideation. With funding and support from *beyondblue*, IHHP took Youth*beyondblue* messages to over 80 communities in Victoria, New South Wales, Northern Territory, and Western Australia, including schools and unique partners (excluding schools) and through performance in festivals and events.

In 2009, IHHP held two artists camps, providing professional development for current employees of Indigenous Hip Hop Projects and opportunities for emerging young leaders in communities. This new development aids the sustainability of both the project and messages that IHHP promotes in communities.

*beyondblue* evaluated the impact of IHHP with Edith Cowan University (WA). The program was found to be both an effective community awareness strategy, and an effective early intervention and prevention strategy.

## Activities to support and promote psychosocial recovery after trauma and a natural disaster

### ***beyondblue* Disaster Strategy – addressing mental health issues in bushfire and flood-affected communities**

Since February 2009, *beyondblue* has worked closely with the Australian and Victorian Governments to implement a long-term strategy in response to the devastating Victorian bushfires and to the widespread floods in New South Wales and Queensland.

The strategy has been developed in partnership with the Australian Centre for Posttraumatic Mental Health, Australian Red Cross, Australian Centre for Grief and Loss and the Divisions of General Practice with the aim of developing and providing information and support to disaster affected communities.

*beyondblue* has established nearly 90 information stations in local communities in New South Wales, Queensland and Victoria with the support of Bushfire Recovery Community Service Hubs, libraries, neighbourhood centres, local councils and state government agencies. Community members can access free information on depression and anxiety at anytime from these stations.

### ***New booklet and information card for disaster-affected communities***

In the weeks following the Victorian bushfires and north Queensland floods, an information card, *Emotional responses following a natural disaster* was developed. The card lists the normal reactions people may have to a traumatic situation and the warning signs that a person may be at risk of developing an anxiety disorder and/or depression. The card also lists disaster-specific help and information lines and web addresses. Since February 2009, 90,000 have been distributed to flood and fire-affected communities.

*beyondblue* worked with a range of leading national agencies and experts to develop a comprehensive booklet designed to provide information and advice on emotional responses to trauma and loss following a natural disaster.

These resources were developed in association with *beyondblue*'s mental health experts, the Australian Centre for Posttraumatic Mental Health, Australian Red Cross, the Centre for Grief and Bereavement and, importantly, in consultation with survivors of the 2003 Canberra bushfires.

The booklet - *Taking Care of Yourself after a Disaster* - contains tear-out practical work sheets and information cards, and lists help and information phone numbers and web addresses.

### ***Community Support Training (Victorian bushfires)***

In June 2009, the Australian Government Department of Health and Ageing and the Victorian Government Department of Human Services employed *beyondblue* to develop, deliver and evaluate a Community Support Training Program for communities affected by the Black Saturday Victorian bushfires in February 2009.





The training aims to build the community's capacity to respond to a range of common psychological reactions people may experience after a traumatic event and includes a focus on children, young people and those impacted, either directly or indirectly, by the bushfires.

Fifty workshops have been delivered to community leaders and aim to improve knowledge, skills and confidence to assist others to seek help and support if needed. The workshops and supporting information materials have been developed by a team of experts, including the Australian Centre for Posttraumatic Mental Health and the Mater Child and Youth Mental Health Service. Following the workshops, participants receive newsletters containing information learned in the workshops and helpful information lines and web addresses. These practices reflect Australia's international expertise in developing best practice disaster recovery initiatives.

This program was piloted in the Victorian country town of Whittlesea and has been delivered in Marysville, Alexandra, St Andrews, Greensborough, Kinglake, Strathewen and Yarra Glen.

## **Mental Health Support for Drought Affected Communities Initiative**

*beyondblue* was engaged by the Department of Health and Ageing to co-deliver the *Mental Health Drought Initiative* in partnership with the Australian General Practice Network (AGPN) and 43 Divisions of General Practice in South Australia, New South Wales, Victoria and Queensland. The Initiative was delivered over two years (2007-09) with *beyondblue* providing the following key components of the initiative:

1. Raising community awareness; and
2. Education and training for business and community leaders.

As part of this initiative, the ***beyondblue* National Rural Workforce Training Program** was delivered to enable workforce and community leaders to recognise and respond to the early warnings of emotional distress and raise awareness of mental health issues and available services in each of the 43 Divisions of General Practice. A *beyondblue*-accredited trainer with mental health qualifications spoke to invited community and business leaders about how to recognise the signs and symptoms of depression and how to assist a person to get appropriate help. It is envisaged that the people who came to the sessions will be better equipped to talk to their colleagues, friends and families about where help is available in the community.

This part of the Initiative resulted in the delivery of **87 Rural Workforce Training Workshops**: Queensland – 22; New South Wales – 14; South Australia – 20; and Victoria – 31.

In addition, **82 *beyondblue* Information Kiosks** were established in various local businesses and agencies: Queensland – 26; New South Wales – 26; South Australia – 7; and Victoria – 23. The initiative has now been extended to 30 June 2010.

Further information on all strategic programs can be obtained by contacting *beyondblue* on 03 9810 6100 or website [www.beyondblue.org.au](http://www.beyondblue.org.au).



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