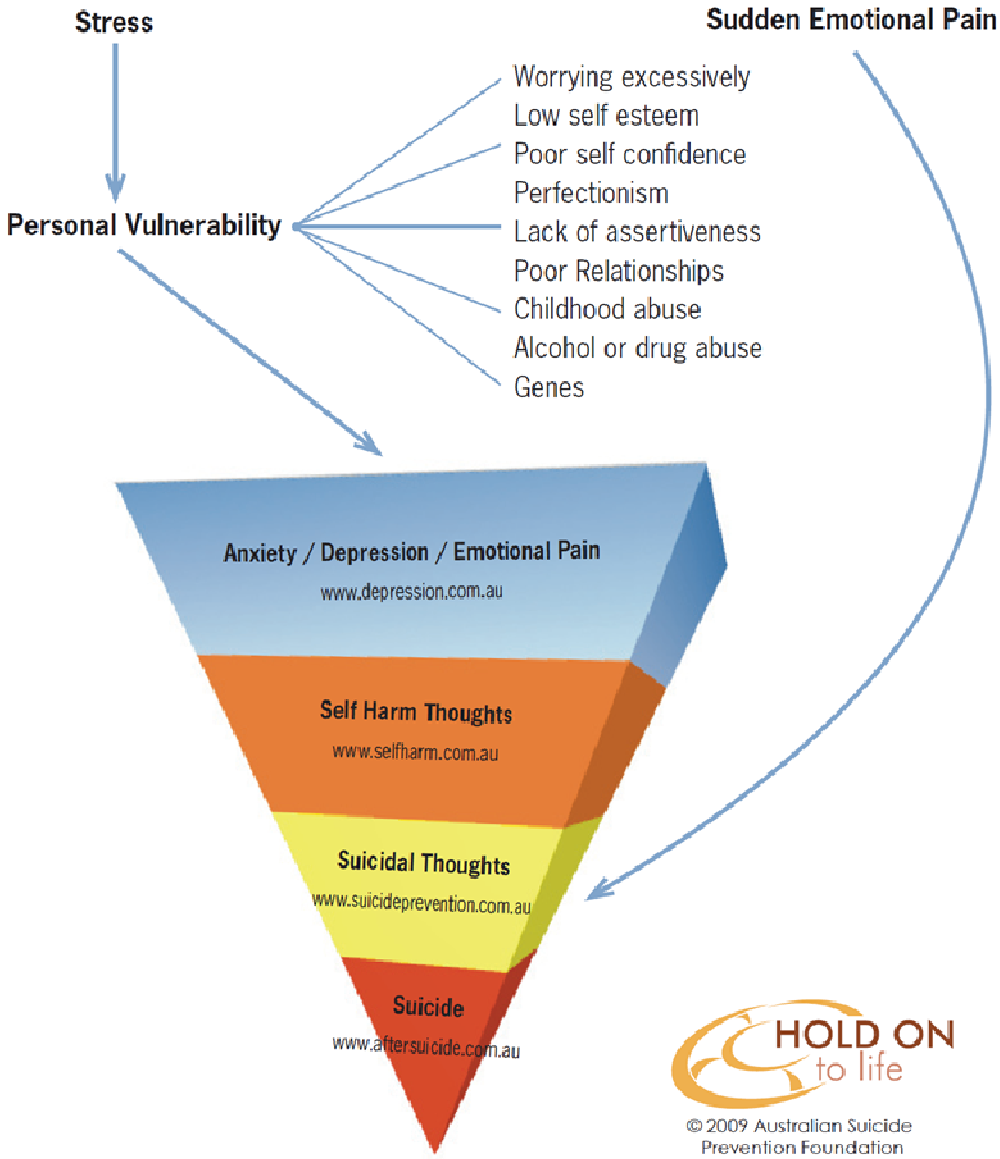
Suite 609
89 High Street
Kew Victoria 3101
Phone 03 9826 2192
Fax 03 9827 7424
Mobile 0419 73 72 71

ABN: 74 114 737 898

Submission from the Australian Suicide Prevention Foundation to the Senate Community Affairs References Committee on Suicide in Australia



You would never advise a friend to die!
Tell yourself what you would tell a friend!

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Committee Secretary
Senate Community Affairs References Committee
PO Box 6100
Parliament House
Canberra ACT 2600

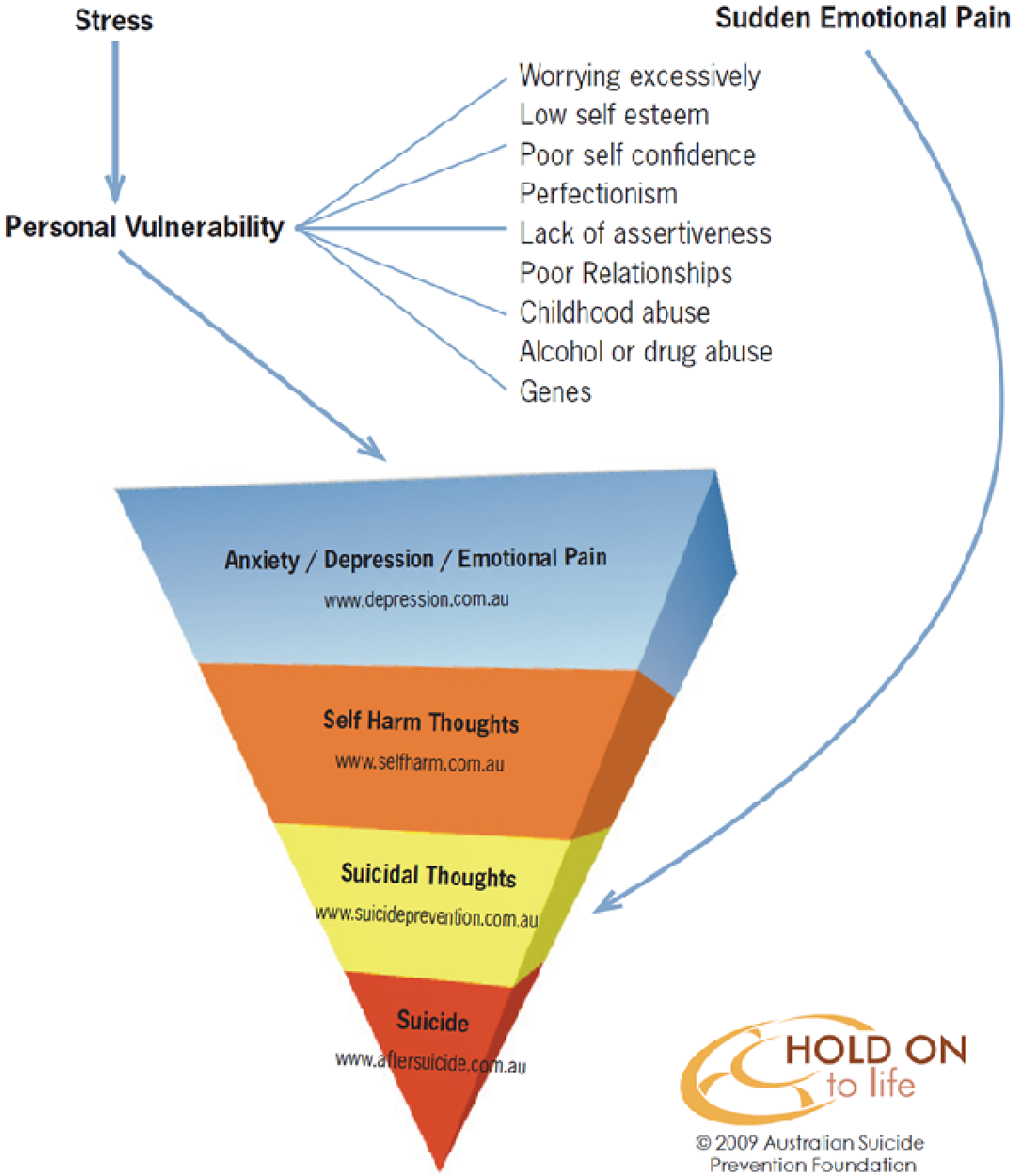
Submission to the Senate Community Affairs References Committee on Suicide in Australia from The Australian Suicide Prevention Foundation

From Clinical Associate Professor David Horgan
MB BCH BAO MRCPSYCH DPM MPHIL FRANZCP MD
Chairman
Australian Suicide Prevention Foundation

Contact E. John Hardy
Chief Executive Officer
Australian Suicide Prevention Foundation
5/221 Williams Road
South Yarra Vic
admin@aspf.com.au

November 20, 2009

Index:



You would never advise a friend to die!
Tell yourself what you would tell a friend!

The above graphic demonstrates a psychiatric summary of the development of anxiety, depression and the emotional pain which leads to suicidal thoughts and acts.

THE ISSUES

- People kill themselves because of emotional pain.
- Approximately 50% of suicides are fatal on the first attempt
- 75% of suicide deaths are male
- 75% of non fatal self harm are females
- 30 men and 7 women die from suicide every week in Australia.
- Every week in Australia, about 1,000 people self-harm deliberately.
- It is estimated that about 2-5% of the population have contemplated suicide with greater or lesser intent in any year.
- The Australian Suicide Prevention Foundation handles some 2,000 telephone and internet contacts per month
  - 30% refer to youth and teenage suicide
  - 22% refer to depression

The statistical trends are clear. Suicide is a greater cause of death and has a greater impact than is widely understood.

SUGGESTIONS ON HOW TO DEAL WITH THE HUGE NUMBERS INVOLVED

The 2007 National Survey of Mental Health and Wellbeing, conducted by the Australian Bureau of Statistics in 2007, identified overwhelming numbers of Australians with suicidal ideas at some stage. Lifetime suicidal ideas were 13.3% of respondents, lifetime suicide plans were 4% of respondents, and lifetime suicide attempts were 3.2% of respondents. The 12 month rates were 2.3% for suicidal ideas, 0.6% for suicidal plans and 0.4% for suicide attempts.

Clearly, one-to-one counselling by telephone counsellors or practising clinicians cannot possibly service these numbers. Even if there were sufficient skilled practitioners available, the financial costs would be prohibitive to Australian society.

People seek suicide prevention information at huge rates 24 hours a day:

Our website statistics tracker over the past year confirm that there is fairly consistent demand for suicide prevention 24 hours per day, with little variation day or night, weekday or weekend, a prohibitively expensive demand to meet manually. In contrast, www.suicideprevention.com.au deals seamlessly with the needs, regardless of timing and volume of enquiries. (Our statistics in this regard are shown at the end of this report)

ASPF operates on the principle that medically-based information and advice is something that can be delivered appropriately by technology in the first instance, helping distressed people at any hour of the day or night and deterring action until further help can be obtained if necessary.

Indeed, we believe it is only through technology that such large numbers can in fact be dealt with appropriately.

www.suicideprevention.com.au operates on the principle of "anonymous emotional help without embarrassment, we are never engaged". The main repeated message on the website is deliberately designed to medically confront those with suicidal thoughts, (using one of the cognitive behaviour therapy techniques), being the message "You would never advise a friend to die; tell yourself what you'd tell a friend".

The website contains huge amounts of information and advice. Topics range from concerns about friends or family members who may be suicidal, to steps that can be taken by the individual who is suicidal when reading the website. In particular, practical clinical information is given about dealing with circumstances that caused the emotional pain leading to suicide, ranging from depressive illness to advice on improving relationships and stopping arguments.

TRIAGE OF DEMANDING CALLERS

The multiple website and telephone services offered by ASPF (www.depression.com.au, www.suicideprevention.com.au, www.selfharm.com.au, 1800HOLDON) provide a useful point of first contact and self-selected triaging of distressed individuals. This range of always available services and options can overcome the well known major problem of telephone services being blocked by people of varying levels of distress and risk. ASPF could provide a mechanism whereby individuals identified in this system as being particularly distressed or at risk could then have the offer of priority guaranteed access to online or telephone counsellors and such counsellors would then deal only with triaged cases.

Research has shown repeatedly that many people are more open answering questions about sensitive topics on a computer, anonymously, than they are in person.

SUICIDE PREVENTION AT ALL STAGES OF LIFE

It is important to take a lifetime overview of human distress and the associated risk of self-harm and/or suicide. It is estimated in the psychiatric literature that 10% of adolescents indulge in self-harming behaviours as a manifestation of emotional distress, relatively rarely being representative of strong suicidal ideas. A number of these episodes of self-harm are repeated. It is also estimated that about 10% of such episodes, especially involving significant injury, will eventually result in suicide or nearly-fatal suicide attempts later in life. ASPF aims, through a range of website initiatives, to provide support and intervention from the earliest risk periods onwards, particularly bearing in mind that adolescents cannot access professional care very easily and that most adolescents do not have individual Medicare cards or established confidentiality, factors which further deter them from seeking professional intervention.

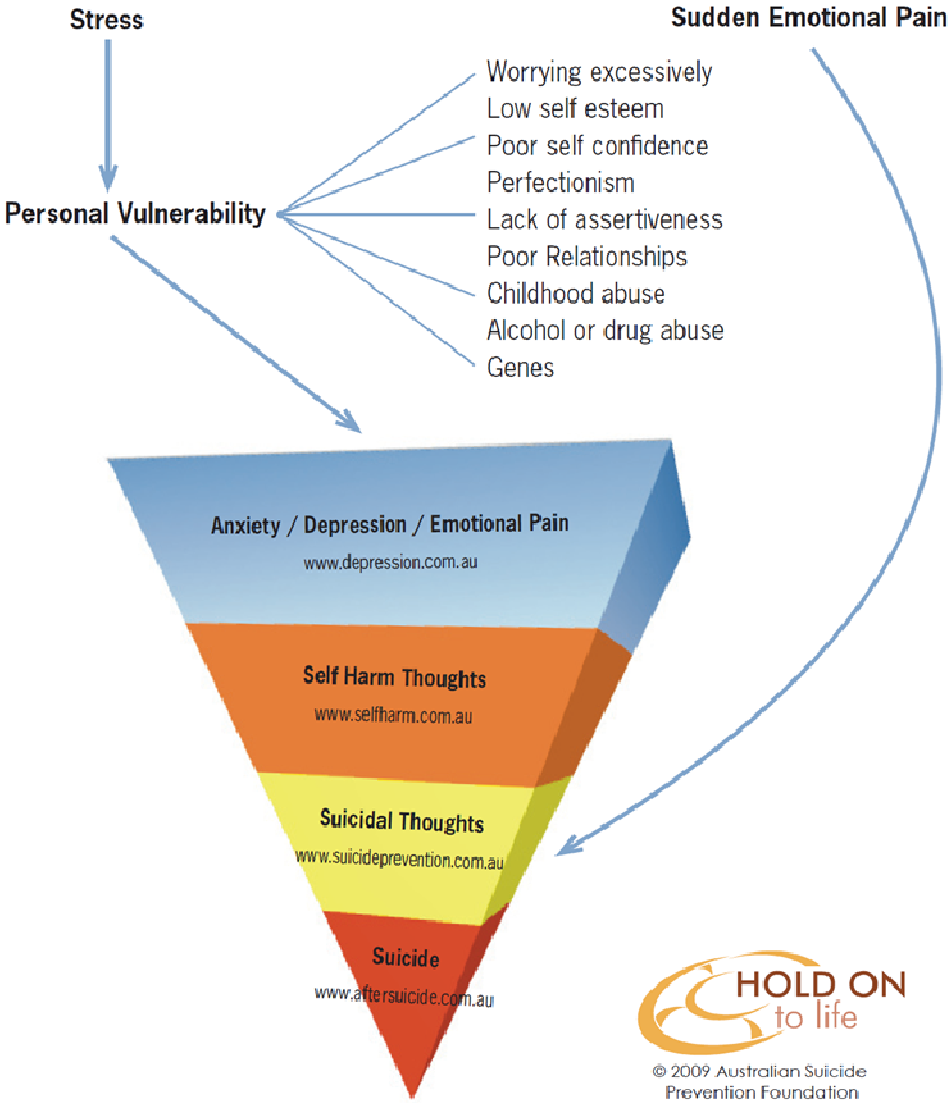
Adolescents are heavy users of the internet. Our development plans include the extension of www.selfharm.com.au and the introduction of adolescent-friendly styles to www.suicideprevention.com.au.

Youth suicide and young adult suicide are major sources of life years lost, while the age group 25-44 are one of the highest rate of completed suicide currently. Statistically, these groups are the heaviest users of the internet, especially males.

Those over 65 have the highest statistical rate of suicide. Elderly males are particularly vulnerable to feeling embarrassed seeking help, so that the anonymity of an always available telephone service is particularly relevant.

The availability of non-embarrassing support to young people who don't have the capability to seek help and to men who traditionally have been less likely to seek help for emotional problems than women both call for access to the style of services offered by the Australian Suicide Prevention Foundation.

It is important not to be distracted by fatalities as distinct from extreme emotional pain and despair leading to 1,000 people a week inflicting but surviving deliberate self-harm, the vast majority of whom are female. The personal, social and financial costs of these sufferers are equivalent in many ways to the impact on society of completed suicide. But such numbers would overwhelm traditional counselling services, especially at peak demand times. In contrast, an internet service would cope easily with such numbers, such as the one run by ASPF.



You would never advise a friend to die!
Tell yourself what you would tell a friend!

The major target of the Australian Suicide Prevention Foundation is the large number of suicide victims who move from thoughts of suicide to fatal or self-harm acts without ever having had professional intervention. We target everyone with suicidal ideas, emotional pain or despair and especially young people and males suffering from emotional pain and impulsivity, often under the influence of alcohol and drugs, who tend to be reluctant to engage with counsellors, but who will interact with technology. The design point for all Australian Suicide Prevention Foundation services is that they are always available and never engaged. Our services provide complete anonymity for the user of those services.

WHERE IS IT FAILING – WHAT ARE THE GAPS?

ENGAGING MALES IN HELP-SEEKING

Research clearly indicates that males display an unwillingness or fear of confronting their emotional state. In addition, males as a general rule can't/won't/don't make time in their busy day to seek professional help. For many men at work, it is difficult to access GPs and other professional services. Men undergoing potentially traumatic life events that may increase men's likelihood of suicide include relationship breakdown, separation from children, unemployment, financial stress, gambling addiction and social isolation.

Reasons given for this include:

- men may not recognise symptoms of emotional distress;
- many men prefer to work things out themselves, perhaps not wanting to appear weak or be a burden on others. Some may be embarrassed or ashamed about their distress;
- men may not know where to find the right service or know what services are available. In some areas, particularly rural areas, these services may not be available locally;
- men may not place a high priority on allocating time to seek help and resolve issues;
- many services may not appear to be male-friendly; and
- men may feel uncomfortable discussing their problems or talking about their feelings – particularly in rural communities, which place a high value on self-sufficiency.

There are at least 50% more deaths through suicide in Australia annually than there are road deaths with similar statistics for deaths from prostate, breast and skin cancer, yet funding and media coverage is very heavily skewed away from suicide and depression.

	1998	**2002**	**2007**(b)
Prostate cancer (C61)	2,556	2,852	2,938
Breast cancer (C50)	2,576	2,716	2,706
Suicide (X60-X84)(c)	2,683	2,320	1,880
Skin cancer (C43-C44)	1,317	1,462	1,727
Land transport accidents (V01-V89)(d)	1,884	1,826	1,273

As an example, awareness and action in relation to prostate cancer has evolved rapidly as a result of the development of non-intervention tests making the determination far less confronting and more emotionally acceptable to the majority of men. As the internet continues to grow and people of increasingly diverse age brackets become more

comfortable using online services, similar approaches must be developed and made easily available for those holding depressive and suicidal thoughts providing functions such as non-threatening discussion forums, a document library, a services database and the ability for website users to enter an on-line secure forum with professional support.

MEASURING OUTCOMES

Success/Failure measures for any intervention service are, by definition, very difficult to capture; it is not possible at all for anonymous phone and web site interactions. Yet these types of services are the ones most likely to be used by the largest group of people at risk, men.

One-on-one services are stretched beyond breaking point due to the lack of availability of qualified professionals. Such services need the presence of an alternative/supplementary always-available mechanism which provides advice and information to all initial intervention and leads the ones at risk to the one-on-one professional services. Anonymous telephone and internet provides positive intervention no matter what time of the day or night initial intervention thereby providing some level of first line intervention to those seeking information or assistance.

RECOMMENDATIONS

1. Creation of programmes and media focus programme funding aimed at providing means of lessening the stigma felt by family members.

2. Focus on the development, creation and distribution of practical information and recommendations for those contemplating suicide and their family and friends.

3. Development of an economical means of intervention utilising today's technologies and thereby reducing the load on the limited numbers of skilled professionals and providing cost effective widely available help.

4. Absolute need for greater internet based support, assistance and tools for people suffering from depression and contemplating suicide.

5. Professional support for those, particularly men, following family breakdown and separation from children.

6. Anonymous contacts such as the emails below must have some definitive intervention which is non stigmatising and ideally always available around the clock. It is impractical for professionals to attempt to address such a cry sight unseen with no knowledge of the individual other than what is presented, as below:

From:
Date: 6 November 2009 6:46:40 PM
To: drdavidhorgan@gmail.com
Subject: suicide
everyones a fucking arsehole im going to kill myself tonight. maybe then they'll stop treating mme like joke

From:
Date: 9 November 2009 7:35:55 PM AEDT
To: drdavidhorgan@gmail.com
Subject: suicide
it didn't work.

AUSTRALIAN SUICIDE PREVENTION FOUNDATION

ASPF ORGANISATION

The Australian Suicide Prevention Foundation is a nationwide, non-government, privately funded organisation active in the field of suicide prevention since 1997, preceded by Suicide Prevention Medical Specialist Information. ASPF provides Australia-wide suicide prevention, especially to isolated areas and isolated people. Our fundamental focus is running 24 hour 7 day easily accessible and stigma-free intervention. ASPF is the only service listed under "suicide" in all 55 Australian telephone directories in addition to websites addressing www.suicideprevention.com.au, www.depression.com.au, www.aftersuicide.com.au with www.selfharm.com.au in development.

Our mission is focussed on helping people with suicidal thoughts and anyone affected by this painful state of mind. We provide practical emotional help without embarrassment and with complete anonymity to those who are geographically or emotionally isolated, which is always available, free and never engaged everywhere in Australia. Our operating motto is "Hold on to life".

Our most powerful message is "you'd never advise a friend to die; tell yourself what you'd tell a friend".

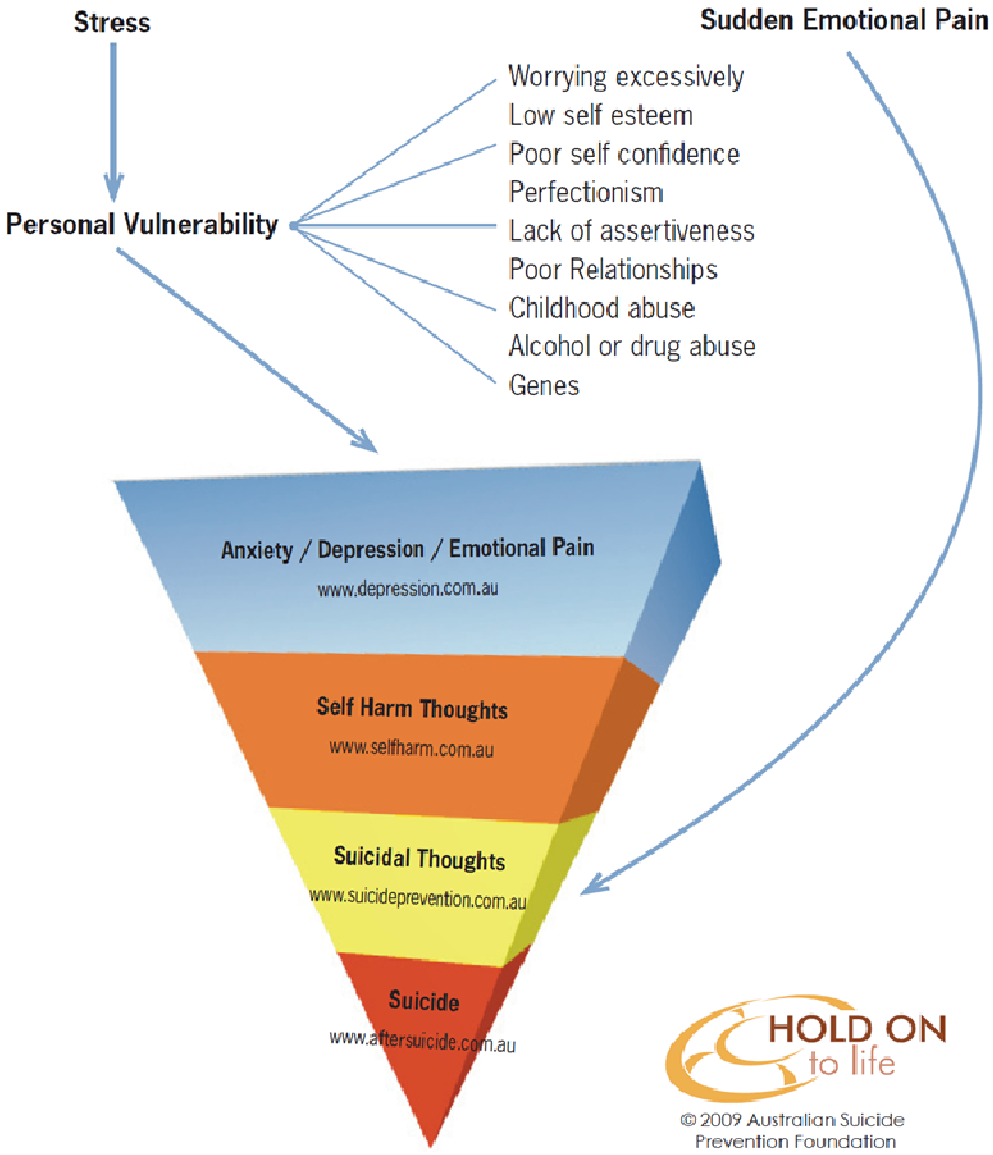
The Australian Suicide Prevention Foundation is a recognised charity registered by the Federal Government, and established as an initiative of Dr David Horgan and the late Mayer Page.

Background history of our organization was recently published:

> Horgan, D., Chubb, P., & Page, M. (2009). Suicide Prevention by Voluntary Private Medicine and Business. Counselling, Psychotherapy, and Health, 5(1), The Use of Technology in Mental Health Special Issue, 82-95.
>
> http://www.cphjournal.com/archive_journals/v5_1_82-95.pdf

CORE SERVICE DELIVERY PHILOSOPHY

From decades of clinical experience, we believe that sheer volume, embarrassment, stigma, after-hours despair and lack of access (worse after hours) are major factors grossly limiting the number of people who can receive appropriate information and support immediately at the time when having suicidal thoughts, or when concerned about a friend or family member.



You would never advise a friend to die!
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ASPF SERVICES

The services offered by the Suicide Prevention Foundation are for anyone having problems, feeling down, sad, or lost. We own and operate www.suicideprevention.com.au, and 1800 HOLD ON, the only specifically listed service under "Suicide" in all 55 Australian telephone directories. We also list www.aftersuicide.com.au in all 55 telephone directories.

Since inception, we have developed ASPF services to be complementary to those offered through those support organisations with a greater focus on sophisticated one-on-one interactions in this area. ASPF services are always available 24/7, never engaged, at no cost.

Our phone service attracts some 5,000 calls annually and our web site has more than 100,000 hits per year and growing; disturbing numbers and clearly providing a service. Australia has some 2,000 suicides each year with a conservative estimate of 10-20 times that number making an attempt on their lives. For every one person in this frame of mind there are on average 10 family members and friends affected as a result.

WWW.SUICIDEPREVENTION.COM.AU

operates on the principle of "anonymous emotional help without embarrassment, we are never engaged".

The first message on the site empathises with the emotional pain involved, and emphasises there is help available, as hopelessness has been shown repeatedly to be the fundamental and indeed the only research proven mindset that leads to suicide. The main repeated message on the website is deliberately designed to medically confront those with suicidal thoughts, (using one of the cognitive behaviour therapy techniques), being the message "You would never advise a friend to die; tell yourself what you'd tell a friend".

The website contains large amounts of information and advice. Topics range from concerns about friends or family members who may be suicidal, to steps that can be taken by the individual who is suicidal when reading the website. In particular, practical clinical information is given about dealing with circumstances that caused the emotional pain leading to suicide, ranging from depressive illness to advice on improving relationships and stopping arguments.

Information available on this site includes:

CONTENTS OF www.suicideprevention.com.au

OVERALL REPEATED THEME:

- "You would never advise a friend to die! Tell yourself what you would tell a friend!"

- Each page has rotating phrases such as:
- "Go to sleep instead of doing something terrible"
- "Hold on; bad times always pass"
- "Do not let one situation control the rest of your life"
- "Other people understand and have been there like you and are glad to be alive"
- "Don't be ashamed lots of people feel dreadful at some time; but stress always passes"

HOME PAGE:

Some short phrases are given, together with advice on "Things you can do right now", together with contact numbers for manned telephone counselling services.

The home page also contains an audio message similar to the message on our free telephone service: 1800 HOLDON. The script is available at the end of this submission.

SECTION "FOR MEN"

Contains:

- Overall Summary
- Signs of Being Stressed
- Dealing with Stress
- Depression … a Good Summary
- Escaping the Pain Sensibly
- Stress and Depression Mixed
- Stress and Depression Like Cancer
- Warnings Signs
- Suicidal Ideas Due To Problems
- Improving Your Relationship
- Stopping Arguments
- Body, Mind, Spirit … Tips
- Things That Help Now

SECTION "FOR WOMEN"

Contains:

- Warning Signs
- Improving Your Relationship
- Body, Mind, Spirit … Tips
- Stopping Arguments
- Other Solutions
- Depression … A Good Summary
- Relationships
- Things That Help Now
- Overall Summary

SECTION "FOR YOUNG ADULTS"

Contains:

- As Young People See Life
- Warning Signs
- Things That Help Now
- Body, Mind, Spirit … Tips
- Improving Your Relationship
- Stopping Arguments
- Depression … A Good Summary

FREE UNIVERSITY THERAPY AND FREE EMAIL REPLIES FROM PSYCHIATRISTS:

AFTER SUICIDE:

Read Here For Support (and before you harm yourself please!)

WWW.DEPRESSION.COM.AU

This website is being redeveloped to provide considerable practical and easily readable information about depression, its causes and ways to deal with it.

WWW.AFTERSUICIDE.COM.AU

We also operate a website, www.aftersuicide.com.au, providing solace and explanation for those left behind. We anticipate the expansion of this service, known technically as "postvention". Postvention has been described as suicide prevention for the next generation.

1800 HOLDON

Our telephone service was established Australia-wide in 1997, before Internet access was widespread. We received about 8,000 calls per year, with the average caller listening to our information for 5 minutes, indicating serious interest in the information they were being given. With the advent of the Internet, our website gets progressively larger numbers of visitors, and we currently exceed 1,000 visitors per week to our primary website. The content of the audio message is shown at the end of this submission.

MAILED INFORMATION PACKAGE

Callers to our telephone line are offered a free information package if they send a stamped addressed envelope. The package gives a transcript of the telephone message, information on depression, a questionnaire to detect depression etc.

FUTURE DIRECTIONS

Access to anonymous information, counselling and online self-help programmes plays an important role in suicide prevention, crisis advice and referral to mental health practitioners. There is a heavy demand for anonymous counselling services across Australia. We envisage further expansion of our telephone and web based services to implement expanded and enhanced on-line interactive tools aimed at enabling those in most need to gain immediate responses and information to their queries and concerns.

The Australian Suicide Prevention Foundation is developing plans to expand our ongoing telephone & web operations in the areas of community awareness and advocacy, awareness promotion, after suicide support and youth services.

CONCLUSION

ASPF has been a "quiet achiever" providing telephone suicide prevention in every telephone directory in Australia since 1997, and providing powerful patient or client-driven messages from an experienced psychiatrist over the Internet.

ASPF RESPONSES TO SPECIFIED AREAS OF FOCUS

a) The personal, social and financial costs of suicide in Australia;

The Australian Suicide Prevention Foundation believes that this topic has been well covered by other sources and international studies. We do however note that material on the financial costs of suicide specific to Australia is not readily available. We would also note that family breakdown would appear to be a contributing factor in suicide. Training of personnel involved in the handling of both parties by courts and Community Services would benefit from a higher focus.

The multiple website and telephone services offered by ASPF (www.depression.com.au, www.suicideprevention.com.au, www.selfharm.com.au, 1800HOLDON) provide a useful point of first contact and self-selected triaging of distressed individuals. This range of always available services and options can overcome the well known major problem of telephone services being blocked by people of varying levels of distress and risk. ASPF could provide a mechanism whereby individuals identified in this system as being particularly distressed or at risk could then have the offer of priority guaranteed access to online or telephone counsellors and such counsellors would then deal only with triaged cases.

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);

The Australian Suicide Prevention Foundation has sought input from a number of sources. Our discussions indicate a significant gap between reality and reported statistics.

Examples are:

- smaller close knit communities where personal sensitivities can lead to misreporting the cause of death.
- it has long been suggested through GP forums that suicides are hidden. The extent of this problem is unknown. It is also suggested that some deaths of medical practitioners through suicides are under-reported.

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;

The Australian Suicide Prevention Foundation believes the above list is incomplete. There is a critical need to provide a channel for those not prepared or willing to "expose" themselves to others, those seeking anonymity, immediacy, always-available information and not prepared for dialogue.

Research has shown repeatedly that many people are more open answering questions about sensitive topics on a computer, anonymously, than they are in person.

Front-line contact is critical for the early detection of distress and suicide risk in men and to be able to link them to mental health, to other interventions and into the "chain of care". This affects where services are located, their times of operation and acceptability of their approach to men. This is most critical where the proximity and capabilities of support agencies may not be available, especially in rural Australia. Research indicates that 50% of suicides make the decision to suicide very quickly, showing few warning signs, so it is essential to respond quickly and effectively to any warning signs.

Teenagers and adolescents don't have access to their own Medicare card and they don't have the same freedom to seek help as do adults. Self harm is of concern among this group.

Men of all ages and backgrounds can be at risk. Men traditionally have been less likely to seek help for emotional problems than women. Reasons given for this include:

- men may not recognise symptoms of emotional distress;
- many men prefer to work things out themselves, perhaps not wanting to appear weak or be a burden on others. Some may be embarrassed or ashamed about their distress;
- men may not know where to find the right service or know what services can offer. In some areas, particularly rural areas, these services may not be available locally;
- men may not place a high priority on allocating time to seek help and resolve issues;
- many services may not appear to be male-friendly;
- men may feel uncomfortable discussing their problems or talking about their feelings – particularly in rural communities, which place a high value on self-sufficiency;
- Australian studies indicate that men would refuse treatment even if told they were suffering from depression.

d) The effectiveness, to date, of public awareness programs and their relative success in providing information, encouraging help-seeking and enhancing public discussion of suicide;

The massive use of the internet supports a primary aim of ASPF to achieve premium placement in relevant search engines.

What few awareness programs exist all fall short of addressing the question most often asked when a person is suicidal or worried about a friend or family member - "What Now?". This must be a focus of any awareness program.

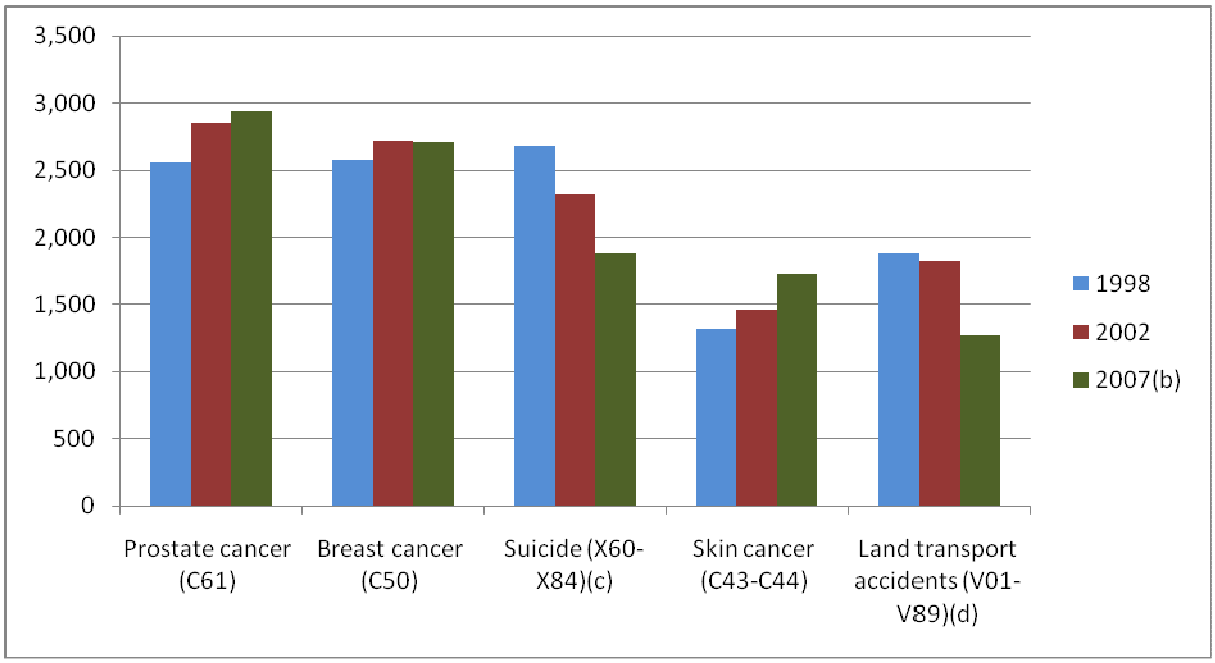
The second most critical area which is glossed over is an approach to addressing and reducing the anger, stigma and shame felt by the families and friends of those who complete suicide and the shame and stigma attached to those who fail.

These are two key areas of any awareness programs.

It is acknowledged that suicide is a major cause of death in Australia. There are at least 50% more deaths through suicide in Australia annually than there are road deaths with similar levels for deaths from prostate, breast and skin cancer. Yet, though suicide and suicide attempts has a more widespread and profound impact on a more diverse population than these other causes, funding and media coverage is very heavily skewed away from suicide and depression.

	1998	**2002**	**2007**(b)
Prostate cancer (C61)	2,556	2,852	2,938
Breast cancer (C50)	2,576	2,716	2,706
Suicide (X60-X84)(c)	2,683	2,320	1,880
Skin cancer (C43-C44)	1,317	1,462	1,727
Land transport accidents (V01-V89)(d)	1,884	1,826	1,273

As an example, awareness and action in relation to prostate cancer has evolved rapidly as a result of the development of non-intervention tests making the determination far less confronting and more emotionally acceptable to the majority of men. As the internet continues to grow and people of increasingly diverse age brackets become more comfortable using online services, similar approaches must be developed and made easily available for those holding depressive and suicidal thoughts providing functions such as non-threatening discussion forums, a document library, a services database and the ability for website users to enter an on-line secure forum with professional support.


3,500
3,000
2,500
2,000
1,500
1,000
500
0
Prostate cancer (C61)
Breast cancer (C50)
Suicide (X60-X84)(c)
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Land transport accidents (V01-V89)(d)
1998
2002
2007(b)

e) The efficacy of suicide prevention training and support for front-line health and community workers providing services to people at risk;

Clearly, there is a role for enhancing the skills and capabilities for Community Service and Family Court officials to further improve the programs and services targeted to address the particular circumstances of the high-risk groups such as youth, men to 45 and rural males.

ASPF has received a number of letters/emails from front line workers complimenting us on the value of our phone and internet services, clearly valuing the educational insight/knowledge they gained from clinicians available through ASPF services.

f) The role of targeted programs and services that address the particular circumstances of high-risk groups;

Psychiatric autopsy studies repeatedly show that most suicide victims have had frank depressive illness, or prominent depressive symptoms. Accordingly, males with suicidal thoughts due to depression are a group that need to be identified, although many are reluctant to seek help.

Research has shown repeatedly that many people are more open answering questions about sensitive topics on a computer, anonymously, than they are in person.

Focussing on survivors of suicide attempts, research also shows that 5% of such males and 2% of such females will eventually die from a repeat suicide attempt.

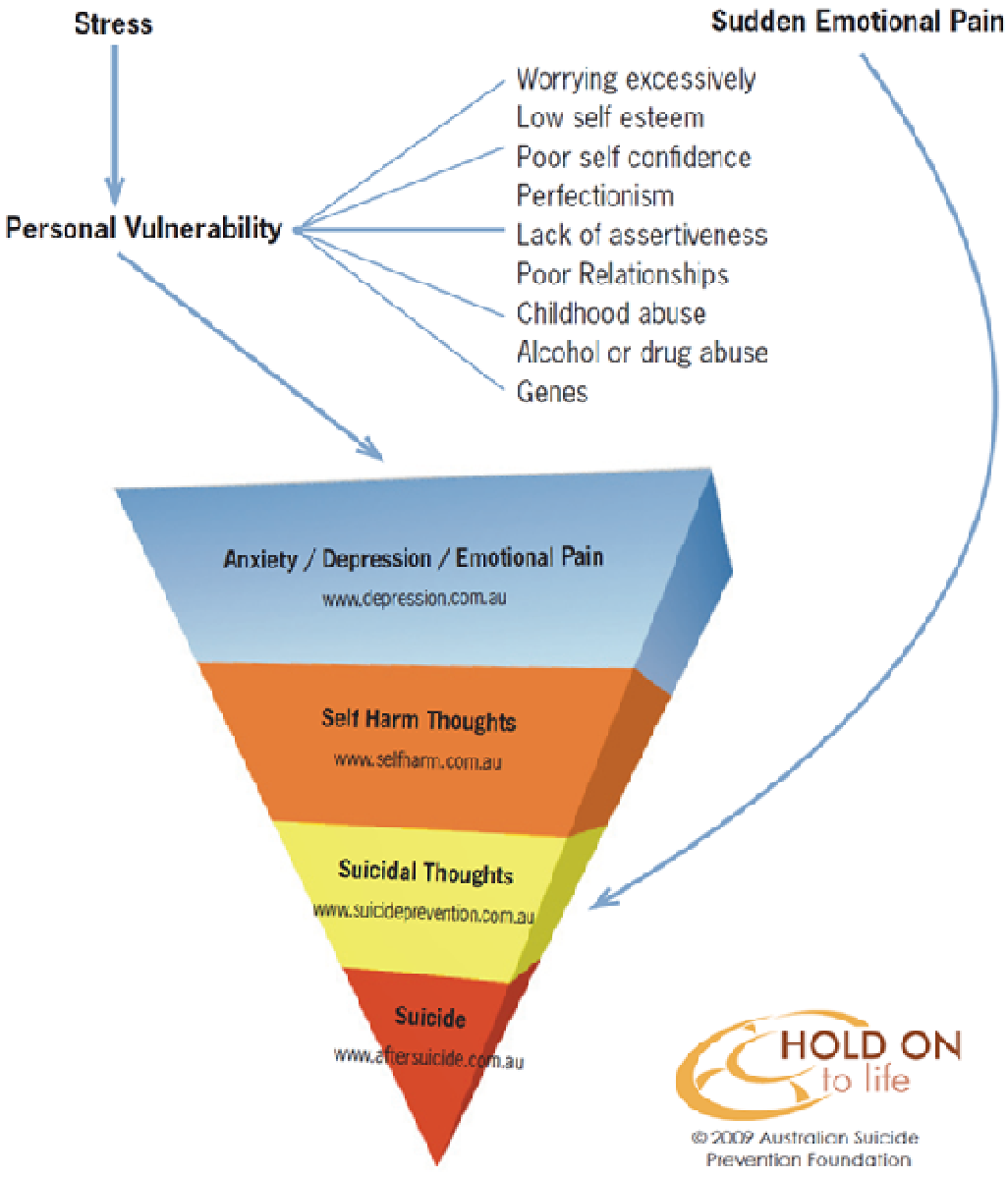
Dr Ed Shneidman pioneered the concept of "psychache" which he described as such intolerable mental pain that the sufferer saw unconsciousness as the only solution. This concept invites discussion of allowing patients have access to "non-fatal oblivion" by safe medication at times of intense emotional pain, to deter suicidal ideas as an alternative escape from the pain. Yet this approach is controversial while seemingly common sense.

Statistics tell us that the men who are the most at risk are:

- young or in their middle years (20 to 44 years old).
- older men (over 75);
- men living in rural or remote areas;
- men undergoing traumatic life events. Potentially traumatic life events that may increase men's likelihood of suicide include relationship breakdown, separation from children, unemployment, financial stress, gambling addiction and social isolation.
- men in prison or custody; and
- men from indigenous communities.

Family breakdown and the impact on both parents is an area of increasing concern and would benefit from more professional support for both persons and for the officers of both Community Services and Family Court.

Men traditionally have been less likely to seek help for emotional problems than women. This is compounded by the findings from Australian studies which indicate that men would refuse treatment even if told they were suffering from depression. The consequence is that general practitioners need more support tools and services in addressing male depression. They also need to be able to provide advice and direction to non-embarrassing, anonymous sources of advice, action and support.



You would never advise a friend to die!
Tell yourself what you would tell a friend!

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

The Australian Suicide Prevention Foundation believes that this topic will be well covered by other sources.

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

The National Suicide Prevention Strategy has provided a framework for support groups and professionals but has had little impact in reducing the stigma and "shame" felt by families and close friends. Awareness, identification and understanding of the signs of deepening depression must be a primary focus moving forward.

SAMPLE CORRESPONDENCE RECEIVED BY ASPF

THE SUFFERER

From:
Date: 6 November 2009 6:46:40 PM
To: drdavidhorgan@gmail.com
Subject: suicide

everyones a fucking arsehole im going to kill myself tonight. maybe then they'll stop treating mme like joke

From:
Date: 9 November 2009 7:35:55 PM AEDT
To: drdavidhorgan@gmail.com
Subject: suicide

it didn't work.

From:
Sent: Wednesday, 18 November 2009 11:27
To: editor@suicideprevention.com.au
Subject: thanks for phone line
dear David,
i'm in a deep state of grief re severance of relationship with a young teenage daughter, triggering off tsunamis of other pain and memories
this morning i phone the 1300 number and sobbed while i listened to your message, and it was especially helpful the way the message didn't end abruptly with a good bye or a beep, and had continuity.
so then i did phone a friend and told her how bad i was feeling and we moved into a better zone together and i didn't feel alone.
also it was reassuring to hear you explain the stats and repeat a number of times about the tricks of the brain chemistry. and considering i have been preoccupied with death as a way to escape never-ending pain, it was good to hear you.
in the past i've tried lifeline and was unwilling to try it again because of the didactic effort required, and because i didn't want to talk, or put up with anyone's uhms and ahs. the recorded message was so important because i just don't have enough energy to engage with another person and consider new information at the same time.
the message didn't drone but it was continuously present in a way that resonated with my internal one-way-ness ... because the persistence of these thoughts is a problem, and your message flowed with that and did not cease
leading by example eh?
:)
thank you from kate

HOLD ON to life

uicide Prevention
O Box 222
ORTH MELBOURNE VIC 3051

ear Sir

ecently telephoned the Depression Treatment Specialist Services and listened to your message. ou stated that you could send me information/tape/etc. I have enclosed a stamped, addressed velope, and would be grateful if you could send this to me.

ter suffering for quite a while and becoming almost suicidal, not knowing what was wrong th me, I was finally referred to a psychiatrist and was diagnosed as suffering from depression. ave since visited another psychiatrist, and have, as yet, not been satisfied with the treatment ave received. I have tried two kinds of medication, and, although I am now "coping", I feel hough I am still nowhere near cured.

und your message to be the most informative and empathetic words I have heard since being gnosed a year ago. Most of my questions, which previously had been unexplained, were wered, and I found it such a relief to have greater insight into what is happening to me.

comment: having a very bad day today. this site reminded me of how much better I can feel once my medication is adjusted upwards (i think) my doctor is away for another 2 weeks so I am hanging by a thread just now your site gives me much comfort.. thankyou.

Dear Mr Horgan,

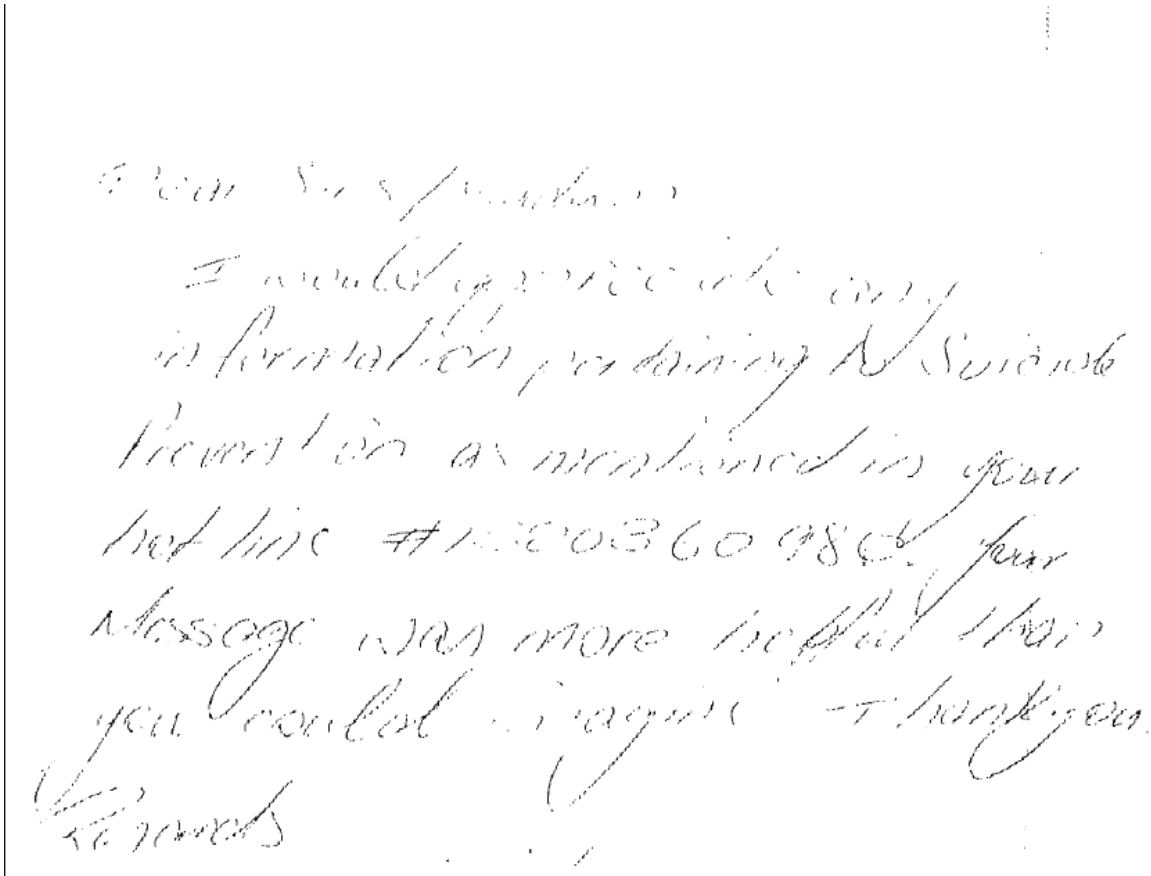
I don't want to be here anymore. I didn't ask to get brought into this screwed up world why the hell should I ask permission to take myself out of it. My whole life seems to be one big mistake, from childhood to adulthood. I used to think that things would always get better but now I realise that was a crock of crap. I don't need anything anymore. I've had enough of everything in general.

I read the suicide page, and how do you tell someone you want to die? Without causing some sort of alarm. I would never tell my family, I'm a dissappointment anyway and I will never be able to do the right thing by them. It's like no matter what I do it upsets them. I feel I have failed my mum and dad and that they well, everyone that knows me would be better off without me in their lives.

I can't stop crying, even when I'm at work, it's uncontrolable, I try to stop but the tears keep rolling down my face. What on earth is wrong with me. I want to call mu Uncle Neil and talk to him about it but I'm so scared that it will go through the family that I'm a "nutter" and then they will leave me out more than they already do.

Do I need professional help Doc?

Kind Regards,



David Horgan

From: [redacted]
Sent: Sunday, 17 October 2004 12:14 PM
To: davidhorgan@email.com
Subject: please help

Dear David,

I've felt suicidal and depressed mostly all my life and I'm only a teenager. I've tried to kill myself before I feel suicidal b/c my parrents beat on me alot and It's difficult to tell my friends how I feel. I start to cry when I think about talking to my teachers how I feel and I can't tell my other family members. I'm lost at the fact I don't have a bf to tell how I feel can you please help my suicidal feelings and depression go away? my life is hanging by a thread

comment: ithink your web site helped.i realy didnt think i had nething wrong but now i realise iv got all the the symptons for depression,in a way its relieving and another its just another setback that i have 2 go through by myself.

comment: I\'ve had depression since i was 11yrs old (im now 21) and often i\'ve tried to commit suicide your0site makes me think about life and all my animals and family that would miss me if i did, it helps a hell of alot please keep up the good work i am ETERNALLY so greatful! (so is my mum) I owe you\'s 1 or 2 actually more like 1 or 2 hundred! Thank you.

FAMILY AND FRIENDS

David Horgan

From: [redacted]
Sent: Tuesday, 12 November 2002 11:58 PM
To: davidhorgan@email.com
Subject: Thankyou

Your site is wonderful.
I have never contemplated suicide, but a very close friend of mine who has had it a bit rough in life has. I tried to talk to her and to get her to speak to someone about it but she refused to. So, I did some research. I came upon your site, and something about how you described things in such a personal way made it appeal to me. Most of the other sites dealt with the statistics of this problem, and made no attempt to try and convince people to hang in there, however, as soon as your page loaded, the first thing I saw was "Life WILL improve; hold on!". So, I read it all and it put a lot of things in perspective. The next day, equipped with the knowledge your site gave me, I spoke to my friend and she agreed to speak with a consellour about her problem. She has been in therapy for just over a month now and is doing better than ever. It struck me today how much her outlook on life has improved and I would like to say thank you very much from both of us.
Megan.

This is a thankyou for your phone information. It helped me when my husband was severely depressed and suicidal. It has also helped me understand his ongoing illness Nobody had explained depressive illness to me before, in quite that way.

Thanks

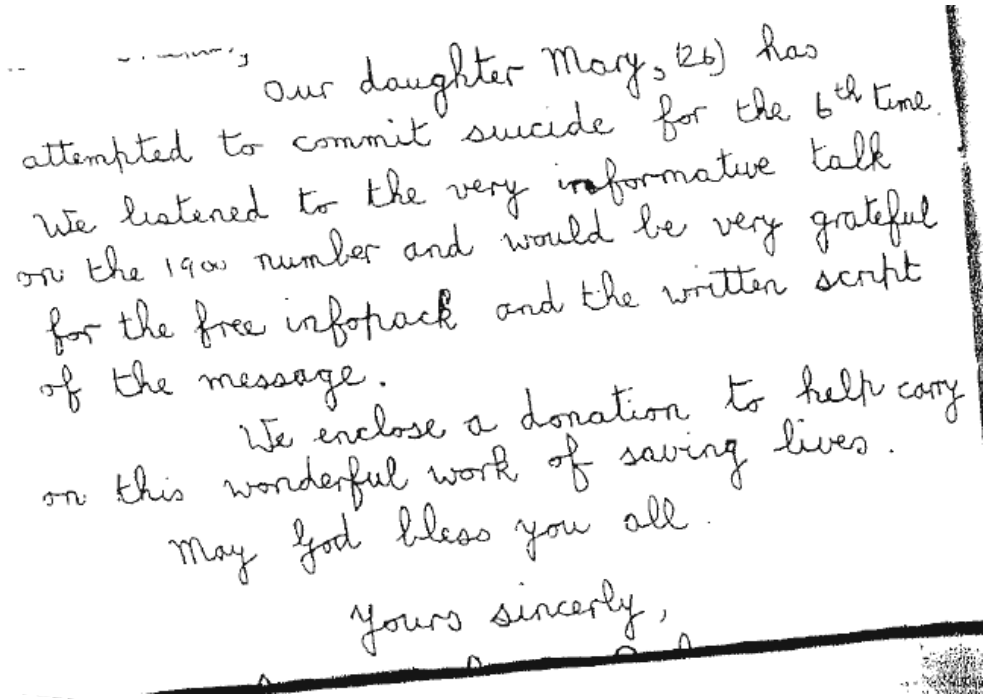
[redacted]

PS. I pray that the information may help my husband too

comment: Very helpful. As a father of a 21 year old daughter who has recently, within the last few days, taken 100 panadol tabs and been successfully treated for same I would like to know more about what a parent can do. I have read lots of sites on the web but this is the most clear. Having done your tests (as to my understanding of her) I believe my daughter is suffering from Clinical depression and even though she now states she cannot understand why and says she wont do it again, I am extremely worried as to her future.

She is to see a phsycologist soon and sees her GP regularly. This is the second time within 6 weeks she has attempted suicide (with pills)and failed and I am very worried.

Thank you for such a great site.

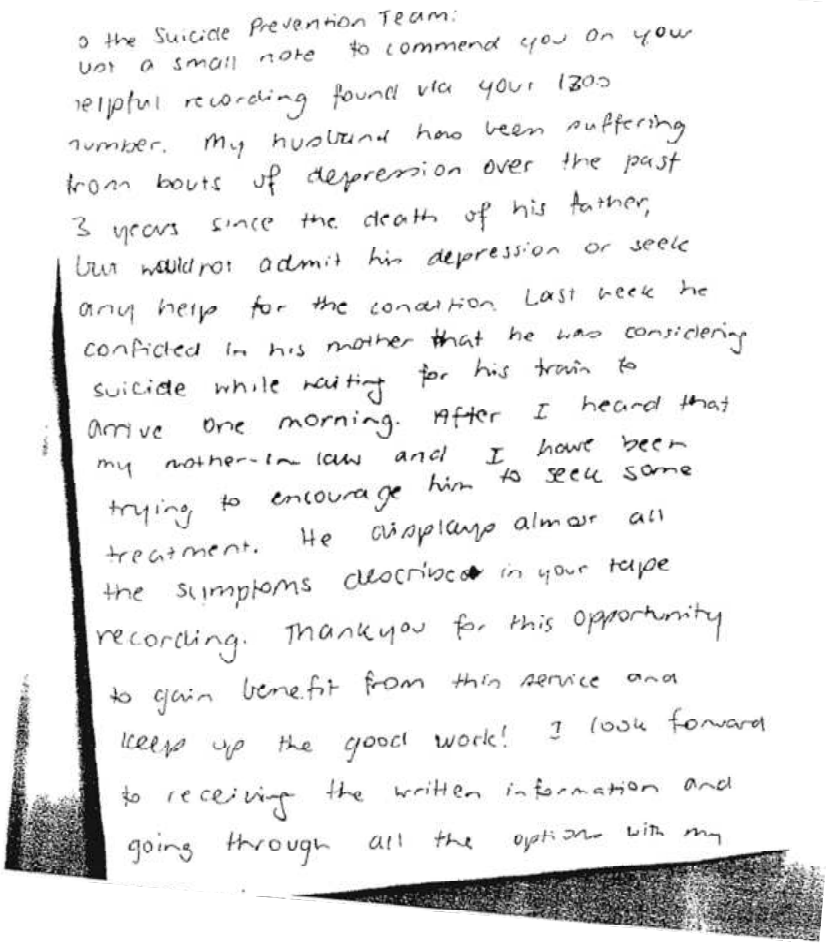


Our daughter Mary, 26) has attempted to commit suicide for the 6th time. We listened to the very informative talk on the 1900 number and would be very grateful for the free infopack and the written script of the message.

We enclose a donation to help carry on this wonderful work of saving lives.

May God bless you all.

Yours sincerly,



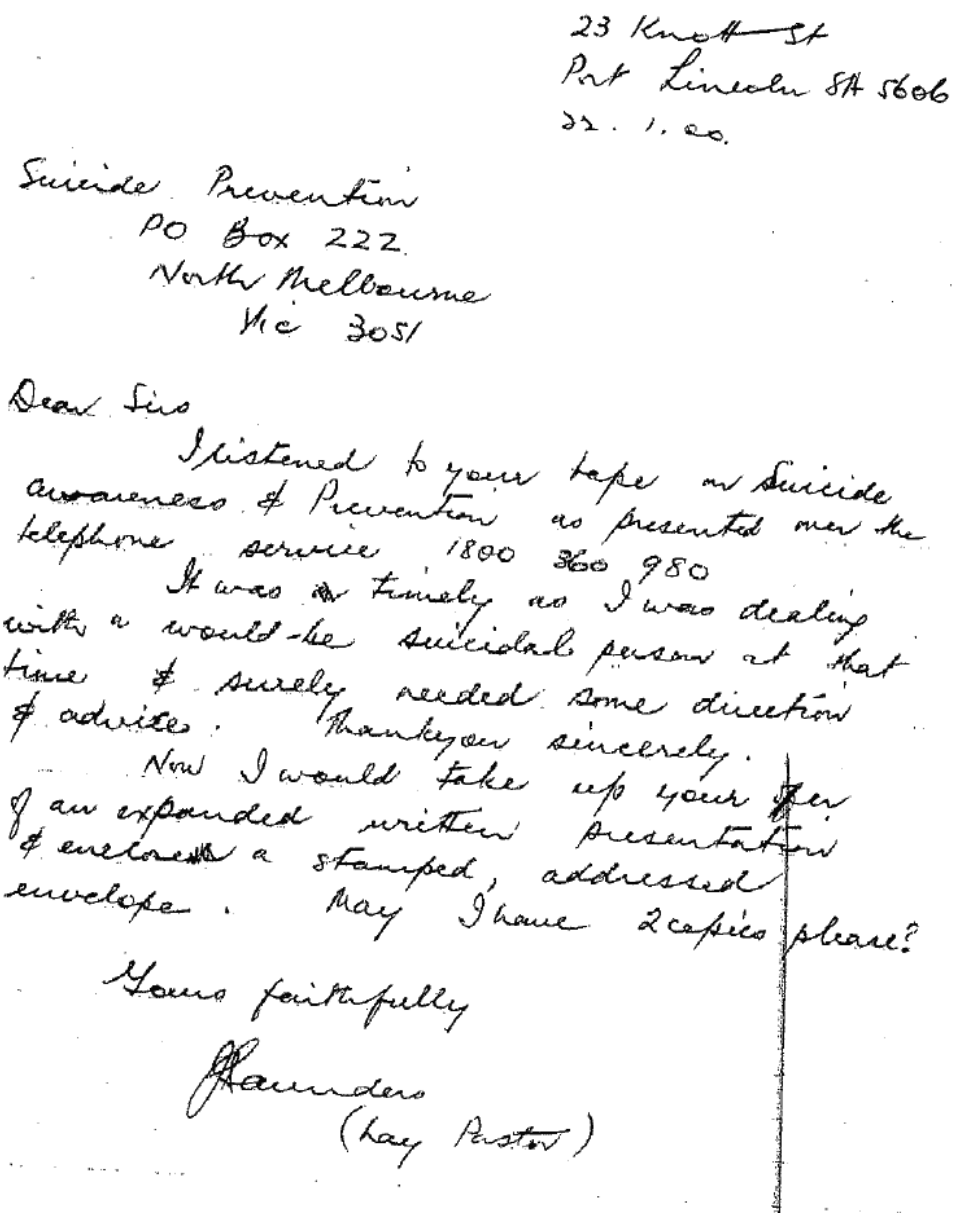
o the Suicide Prevention Team:
ust a small note to commend you on your
elpful recording found via your 1300
umber. My husband has been suffering
rom bouts of depression over the past
3 years since the death of his father,
ut would not admit his depression or seek
any help for the condition. Last week he
confided in his mother that he was considering
suicide while waiting for his train to
arrive one morning. After I heard that
my mother-in-law and I have been
trying to encourage him to seek some
treatment. He displays almost all
the symptoms described in your tape
recording. Thankyou for this opportunity
to gain benefit from this service and
keep up the good work! I look forward
to receiving the written information and
going through all the options with my

comment: This is just what I needed for my 30 year old son - thank you so much, as I didn \'t know where to go and to get him to listen to your
recording and to go to this website was what he needed. Thanks
heaps the government should definitely support you.

comment: i am the mother of a 35 year son who is battling depression and trying not to commit suicide.i have given him a copy of your information and it seems to have helped him.we have an appointment with his doctor on monday and hope to receive help.this would not have been possible without your information as mark did not think he could be helped.thank you with all my heart.i will certainly be able to donate to your cause.regards.

comment: David,
I\'ve only just discovered your web site after looking up something else in my local white pages that was above your ad and I wanted to tell you that I think it is excellent that you have set up this and the aftersuicide web site. I lost my dad to suicide 3 years ago when I was 17. No warning it just happened. After this I found it hard to talk to anyone about how I was feeling as no-one really wants to talk about something like suicide (social taboo) I still have found no-one to talk to but have learnt to deal with it. My dream is to set up a counseling service specifically for dealing with the aftermath of suicide. But as yet can not fund it either. One day I will but untill then if there is anything I can do to help with your cause please let me know.

THE HELPERS



23 Knott St
Port Lincoln SA 5606
22. 1. 90.

Suicide Prevention
PO Box 222
North Melbourne
Vic 3051

Dear Sirs

I listened to your tape on Suicide awareness & Prevention as presented over the telephone service 1800 360 980

It was a timely as I was dealing with a would-be suicidal person at that time & surely needed some direction & advice. Thankyou sincerely.

Now I would take up your offer & am expanded written presentation & enclose a stamped, addressed envelope. May I have 2 copies please?

Yours faithfully

Saunders
(Lay Pastor)

David Horgan

From: suicideprevention.com.au reply-bot [do_not_reply@suicideprevention.com.au]
Sent: [redacted]
To: horgan@bigpond.net.au
Subject: suicideprevention.com.au feedback response

Survey response

name: Patrick Sheedy

email: patrick.sheedy@Wesley Mision.org.au

comment: Thankyou for providing such a useful site. I have found it informative, yet user friendly. (Unlike some). I am working as a community educator in the field of suicide prevention and am taking in as much new information as possible. I am also a trainer of telephone counsellors and a face to face counsellor and again your site will compliment these roles.
I have a relative with severe bi-polar disorder and some of the information gained on medications has provided clarity for me.
I am of the opinion that most would find the language user-friendly, clear and concise which I see as crucial when dealing with such a confrnting topics. I often hear, "what the hell does that all mean?" Regards, Patrick Sheedy

comment: Your site is great. I am a community welfare work student at Vic university and found it extremely useful, as I am interested in programs and services that have a focus on suicide prevention. It is fantastic to see you are doing such a job to help people who are feeling suicidal and/or depressed within our society, because these people are often brushed aside or don\'t know where to turn for help. I will pass your service info on to my fellow students. Thank you.

comment: This site was helpful and friendly which encouraged more action

comment: I think you are doing something that is of great need. One really good thing is that you are in the local telephone book so when I looked up suicide you stood out, in fact you are the only one there.
Perhaps afew more contacts or other related sites would benefit people. I hope to be able to give a personal donation when I am finacial enough to do so

HOLD ON to life

Wayne Taylor
2 Natasha Court
Deception Bay
Qld 4508

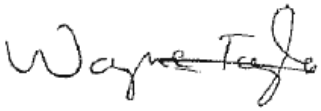
Dear Sir/Madam,

I am a director of a small community based organization that is involved in suicide and community intervention work.

Your message and information service was very impressive and I would like to obtain the information package mentioned in your summary. With this in mind I enclose a stamped, self-addressed envelope for information return at your earliest convenience.

Wishing you every success with your endeavors.

Yours truly,



Wayne Taylor

MEDIA ACTIVITY

THE BEST CONVERSATION

THE PUNCH .COM.AU

Mia Freedman on Michael Jackson's movie, Barnaby Joyce on why he's still voting no on the ETS, and Happy World Toilet Day.

Put an OK in your Q&A

Jane Fynes-Clinton

THURSDAY VIEW

IT IS a simple question, too often left unasked. "Are you OK?" These few words, and really listening to the response, can start a conversation that could make a difference, change a direction – heck, even save a life.

In 10 days the nation's inaugural RUOK? Day will be held. The idea is to reach out to someone who you think might be doing it tough in a simple, friendly way. Just ask them how they are going.

It shouldn't be too hard, but carers and medicos say that by asking, we might stem the tide of mental illnesses such as anxiety and depression.

Mental illness has been misunderstood and sidelined for too long but if we are to stop our friends and family suffering, we need to get nosy, get interested and speak up.

The Australian Suicide Prevention Foundation's founder and medical director, psychiatrist David Horgan, says too many people don't ask those near to them who seem to be struggling because of a false perception that only professionals can help.

We don't like to intrude. We don't want to be rude, so we don't ask. If pushed into getting involved, we suggest a person seek professional help. Nothing to do with us, we think. Wrong, says Horgan. Talking about feelings can circumvent the hurt and damage deepening. It's a medical fact. It can help a person and those around them isolate whether what they are feeling is just plain, ordinary human sadness (which comes and goes and is a normal emotion) or whether their state of mind is slipping towards a mental illness such as depression (which is a constant, abnormal, destructive state).

Statistically suicide, depression and other mental illnesses should be familiar in our lives.

No one is untouched, with one in five women and one in 10 men suffering from depression at some stage. One in four people will suffer from some form of mental illness.

Suicide is an even more slippery, sinister beast. Australian Bureau of Statistics figures show that more than 2000 people die every year from suicide nationally. The numbers are dropping but are still higher than the dreadful road toll. In addition, 10 times as many people try to kill themselves.

Shockingly, suicide is the single biggest killer of men and women aged 15 to 34 in our country.

At first blush, the numbers seem too high, like an exaggeration. But this is because the illness is often well hidden, not because it does not exist.

Many deaths or attempts leave loved ones flummoxed. Such is the taboo around suicide and depression that admitting to suicidal feelings is perceived as causing trouble, showing weakness or being a burden.

The trouble is that even those who suffer from depression struggle to understand it. But to understand it and help loved ones understand, it first must be talked about.

And that is where everyday people and RUOK? Day come in.

If you work with, live with, commute with or talk with someone you think might be struggling emotionally or mentally, ask them if they are OK. Then ask them if they are sleeping OK and concentrating OK. If they aren't, let them know that all things pass and that things might seem bleak now, getting help will mean mental illness need not be a fixture in their life.

Reaching out is sometimes enough to help a person get through the day. It doesn't make you responsible. It just offers a person a figurative hand to hold.

RUOK? Day is on November 29, but given how many people could do with a human touch, and given that we are not in the habit of inquiring and meaning it, we may as well get started early.

There is help and hope. Horgan says behavioural cognitive therapy can help stave off depression in its early stages. It is also effective when used in conjunction with medication.

Simple mind exercises such as those developed by the Australian National University on moodgym.anu.edu.au have been proven to be effective at treating depression in its early stages.

Depression has been called mental cancer or malignant sadness by people in the know. Sufferers don't feel weak or guilty if they develop cancer. They don't feel ashamed. But people do when they are depressed. Left untreated, it can be a slippery slope.

Perhaps we should start to look at it that way. Like cancer, early detection and treatment are imperative. Like cancer, people need support while they are fighting it. Like cancer, the road to recovery can be windy and rocky. But with help and early intervention, sufferers can get there.

The rising tide of depression is bad for us all. And one death because of suicide is too many.

fclinton@optusnet.com.au

If you need help, phone Lifeline on 131 114, Kids Helpline on 1800 551 800 or visit suicideprevention.com.au or ruokday.com.au

Conservative haze blinds climate change sceptics

Climate change is having a far-reaching effect on politics. Not even members of the same party are safe, writes Jeremy Webb

THE public airing of the Liberal Party's climate-change schism is beginning to reveal some interesting insights into what drives the sceptics.

They are an extraordinary group who like to characterise themselves as heroic Davids endowed with extraordinary insights taking on the scientific world's Goliath.

It is indeed some Goliath: the Inter-Governmental Panel on Climate Change's vast outpouring of referenced scientific papers is now generally accepted to be the globe's most thoroughly researched phenomenon.

Sceptics are an eclectic mix. They are masters of using a battery of recycled arguments developed by those on the periphery of the academic mainstream. Ignored are the repeated and methodical scientific rebuttals – all available but seemingly unread in the latest IPCC report. To finesse the IPCC problem, sceptics have developed the notion of a global conspiracy by the scientific world to obfuscate the truth.

That's a huge call but they are not reluctant to air the view publicly.

There were some raised eyebrows several months ago when the Brisbane Institute saw fit to play host to Jay Lehr, science director of the US-based Heartland Institute, the body credited with playing a leading role in turning Family First Senator Steven Fielding into a climate-change sceptic.

Lehr even went one further in the conspiracy stakes by claiming that many of Australia's climate-change scientists were "bought off".

At the political level the debate shows there are wider issues at play. Political sceptics carry an underlying set of beliefs and prejudices that are deeply rooted in political conservatism.

That political divide is now rising rapidly to the surface in the US and Australia as prescriptions for handling climate change are put into law.

The wellspring of the divide is the realisation that reversing and mitigating climate change require deep-seated changes to the economic system.

Making sceptics even more nervous, of course, is the global financial crisis and further evidence that the free market mechanism can be deeply flawed.

Strong and prolonged doses of government intervention to recalibrate the market economy are anathema to conservatives.

This all adds up to what looks suspiciously like a green manifesto: the world is consuming too much of its high-carbon resources, demanding a drastic alteration of our consumption patterns.

To conservative sceptics that's a whiff of retreating to a low-carbon commune in Nimbin.

In broadening the battlefront there are indications the leaders of the conservative sceptics – senators Nick Minchin and Barnaby Joyce, and Tony Abbott – are beginning to realise they risk being backed into a corner and have become leery of putting their denial of science under too much public scrutiny.

Politicians who support the sceptics risk increasing ridicule as the evidence mounts.

This may not matter if their end game is an extremely conservative rump party, given the extreme conservatism that underpins the climate-change sceptics' position.

But it does make it very difficult for those conservatives who wish to maintain a position in the mainstream.

Jeremy Webb is a doctoral student in environmental economics at QUT.

couriermail.com.au

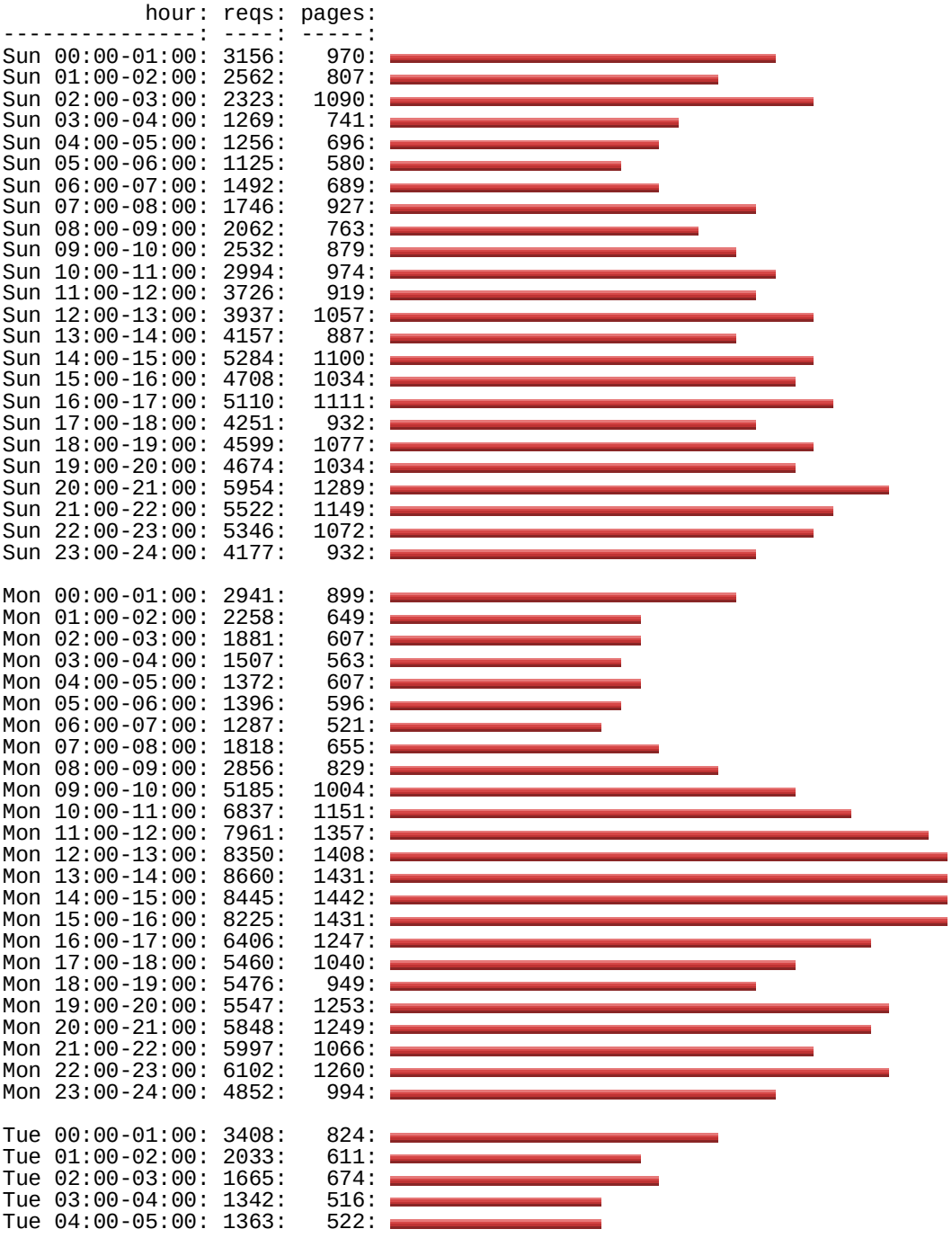
Thursday, November 19, 2009 The Courier-Mail 61

WEB SITE STATISTICS

TIME OF DAY CONTACTS

This report lists the total activity for each hour of the week, summed over all the weeks in the report.

Each unit (▬) represents 50 requests for pages or part thereof.



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Sun 03:00-04:00:	1269:	741:
Sun 04:00-05:00:	1256:	696:
Sun 05:00-06:00:	1125:	580:
Sun 06:00-07:00:	1492:	689:
Sun 07:00-08:00:	1746:	927:
Sun 08:00-09:00:	2062:	763:
Sun 09:00-10:00:	2532:	879:
Sun 10:00-11:00:	2994:	974:
Sun 11:00-12:00:	3726:	919:
Sun 12:00-13:00:	3937:	1057:
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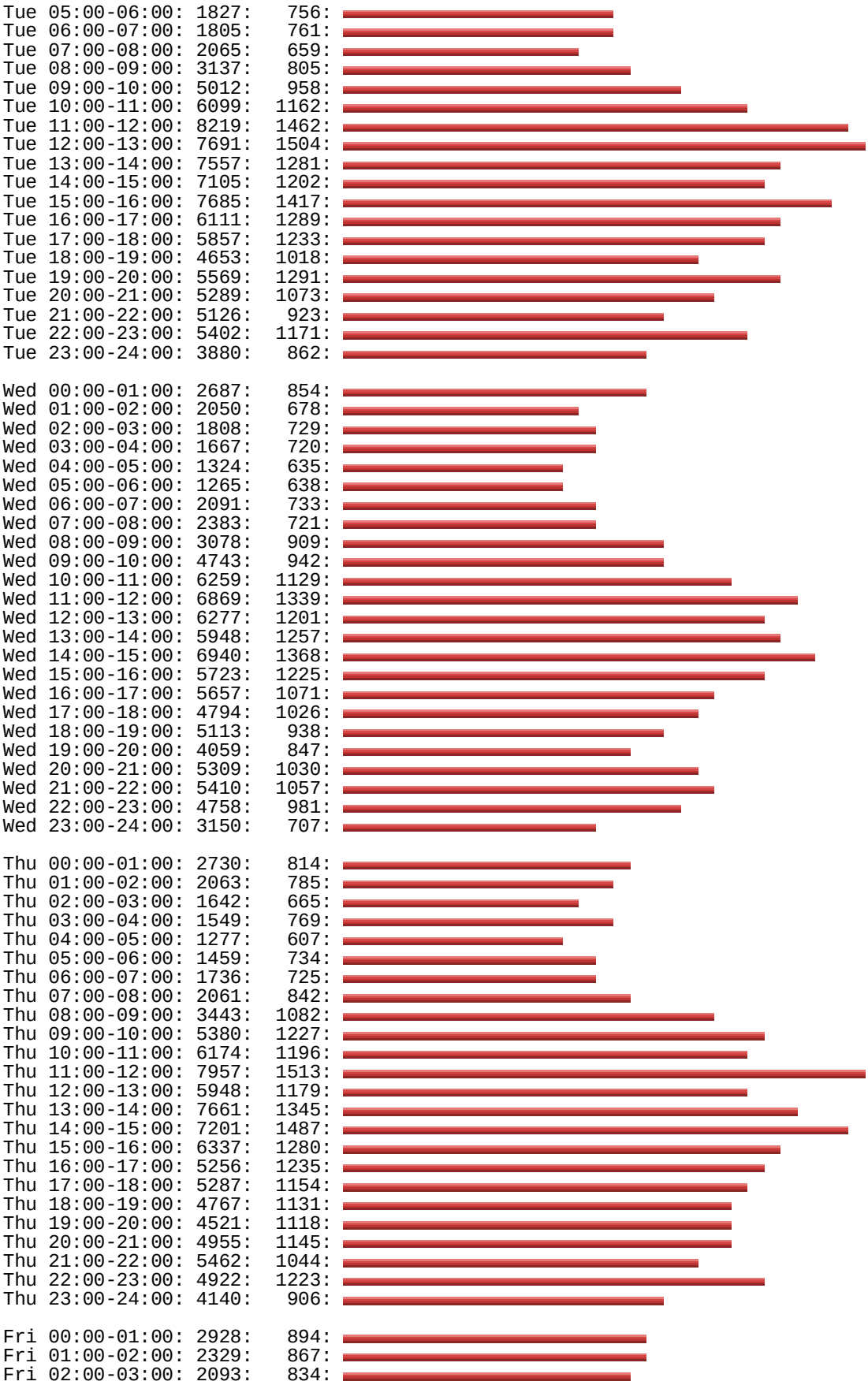
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Thu 04:00-05:00: 1277: 607:
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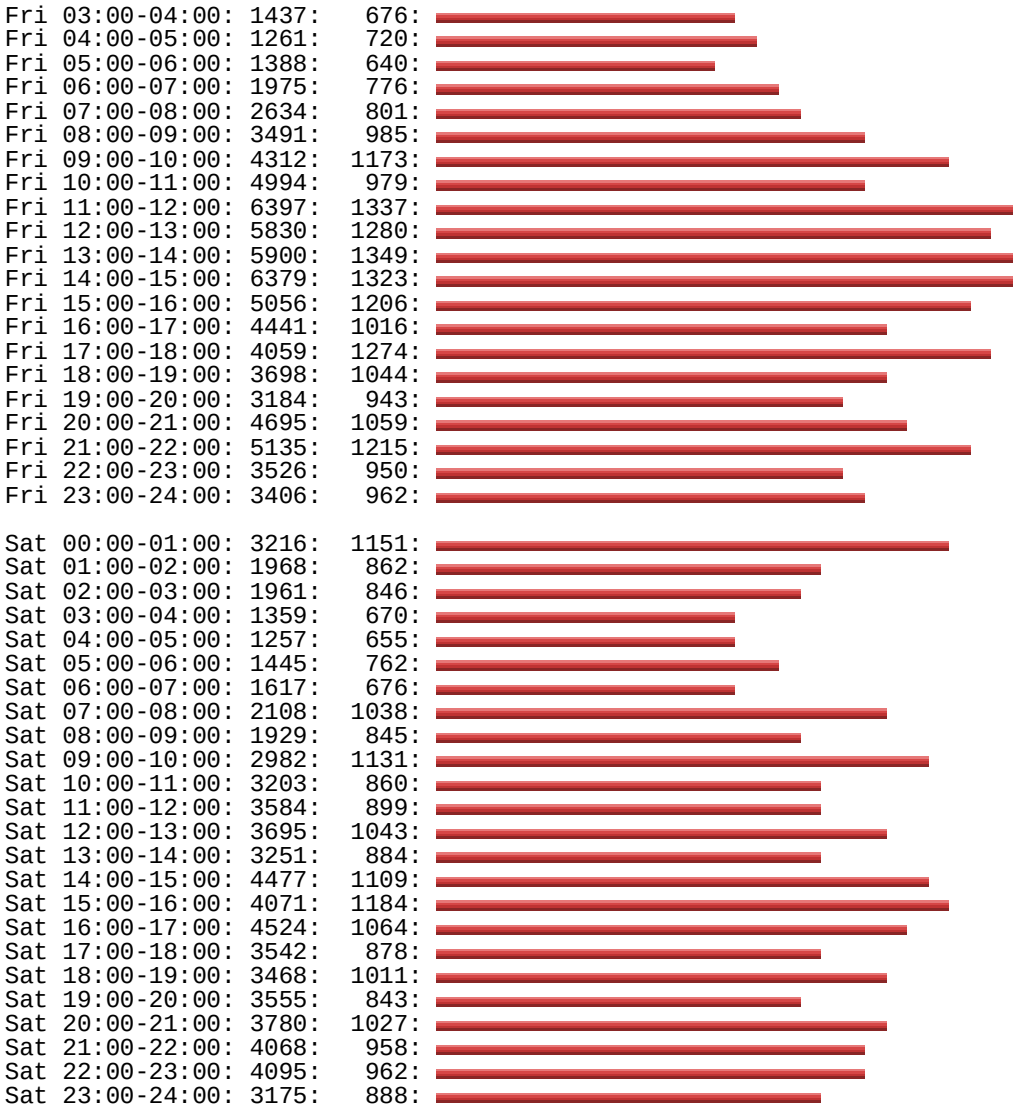

ASPF AUDIO MESSAGE

1. Hello. My name is David. I am a doctor who has specialised as a clinical associate professor of psychiatry, and you have reached my medical information service on suicide prevention and depression. No matter how bad you feel now, please remember that **ALL BAD TIMES DO PASS**. Life changes continuously. Any bad feelings will pass in time as your mind helps you. **PLEASE DO HOLD ON. YOU WOULD NEVER ADVISE A FRIEND TO COMMIT SUICIDE AS A SOLUTION TO THEIR PROBLEMS, SO TELL YOURSELF WHAT YOU WOULD TELL A FRIEND.**

   I must emphasise that I am providing medical information only, and I am not in any way offering individual diagnosis or treatment. However, I hope the information on this message will increase your knowledge of depression, a very common condition which affects 10-20% of Australian people. I will tell you also how to handle suicidal thoughts, which can be weak or strong, and which affect

5% of Australian people every year. The end of the tape tells you about donations to us, and about www.nopresentsplease.com.au to support any charity you wish.

2. When something terrible happens, especially if you have been drinking or taking drugs, your mind can fool you into thinking there is no solution, or no way of stopping the pain. DO NOT BE FOOLED BY SUCH IMPULSIVE IDEAS; GO TO SLEEP INSTEAD, AND YOUR MIND WILL WORK OUT AN ANSWER FOR YOU.

3. People who are thinking of suicide are suffering intensely, even if they seem pretty normal to those around them. I want to emphasise to you that I, and many other people , are very aware of how painful and disabling your feelings can be, and I want to emphasise especially that these symptoms can be totally wiped out. Many people who have recovered from the same feelings of despair and suicide you may be experiencing describe having come out of a nightmare, and are hardly able to believe they once thought so negatively or wanted to die. So please hold on.

4. Medical research has shown repeatedly that nearly every person who commits suicide does so at a time when his or her thinking, judgement and instinct to survive have been badly damaged by a stress induced illness, especially the illness doctors describe as clinical depressive illness. Indeed, if you are suffering from this illness, you will probably not be aware that your negative and hopeless thinking, and the fact that everything is an effort, is actually due to an illness affecting your chemistry, while at the same time the illness tries to convince you everything is terrible and hopeless.

   Everyone at times is affected by a personal disaster, which tries to overwhelm your thinking, flooding you with negative thoughts and emotional pain, which you are afraid will never end. Do not let your mind fool you. Humans are VERY GOOD at recovering, and weeks or months later, all pains are much, much less. PLEASE HOLD ON. THIS PAINFUL PERIOD WILL PASS. And we have medications which can stop emotional pain if necessary.

5. If you are having frequent thoughts of suicide at this time, it is very likely you are suffering from depressive illness or another emotional illness which is trying to control you. The important thing to realise is that the illness is telling you lies, at times very convincing lies, about the present and the future. It is like having a computer affected by a computer virus, so that the information you get looks real, but is in fact totally wrong. If you tell your doctor about these thoughts, and how strong they are, he or she will be able to change the way you feel with treatment, or refer you to a specialist in this area. If your thoughts of suicide are overwhelming you at the moment, please remember this problem can be fixed, and please go and see your doctor urgently. PLEASE DO HOLD ON; THIS FEELING WILL PASS. If your doctor is not available at this time, you can go to the emergency department of your local hospital. Alternatively, ring 1223 and ask the operator for the telephone number of a crisis service you can ring, (such as Lifeline), or the telephone number of your nearest public hospital. Tell the

nursing or medical staff there about how you need help at this time. Despite what your illness is trying to tell you, the fact is there are a huge number of effective treatments which will cure the illness that makes you believe there is no hope and no escape. If you are not able to get medical help or crisis help at this time, here are some ideas which will help you get through until you can get professional help.

6. Firstly, try not to be alone at this time, if at all possible. Tell a family member or friend how bad you feel, and that you are having suicidal thoughts, and ask them to stay with you until you see your doctor. Secondly, get rid of the methods and stay away from the places you have considered for ending your life, so they do not continue to tempt you when you are feeling so defenceless. Thirdly, if it is safe for you to do so, and if it does not increase the temptation to harm yourself, consider getting out of the house, and going for a long walk or doing some activity outside the house, even going to a movie.

   However, if you are feeling desperate to stop the emotional pain and despair you feel, take any calming medication or sleeping medication you have available, in whatever dose is necessary but safe, so that you go to sleep for a few hours. This is far safer than harming yourself. A hot drink with the medication will help you to calm down and go to sleep more quickly. Please do remember that emotional pains and suicidal ideas come and go, and are much less painful after you have slept. Please DO HOLD ON. This painful period will pass. And then you can work out various ways to solve the problems, wait for the situation to change with time, talk to friends, or get professional help.

7. It is very important you do not take very large doses of medication without medical advice, and it is very important also that you do not drink alcohol or take marijuana at this time, as they will further damage your ability to fight this illness and make clear decisions. Drinking heavily when you are distressed or when you have depressive illness is a dangerous combination.

8. As I have mentioned a number of times so far on this tape, the most likely medical diagnosis if you are feeling suicidal is that you are actually suffering from depressive illness, which is in many ways a form of paralysis slowing up your mind. This is a chemical change taking over your mind because the stresses have overwhelmed you. It will prevent you seeing possible solutions to your problems, and instead will make you see only negatives in everything around you, and will try hard to convince you there is no hope of things getting better. This is not true of course. You will know you have depressive illness if you have a number of the following symptoms. The most typical early sign of depressive illness is having trouble thinking clearly, so that you have problems keeping your mind on something you are reading, or watching TV, or even following conversation with other people, and you will also notice that your memory is worse than usual. Finding everything too much of an effort so that you cannot be bothered to do things, or are too exhausted to do things, or not wanting to keep contact with friends are also very common. You may feel sadness, despair or a sense of blackness descending on you. Many people find themselves feeling tearful in

situations which normally would not make them cry. Most people with depression also feel uptight, nervous or worried, and this often makes them feel very angry with everybody around them, causing even more problems. As the depression becomes worse, many people have trouble sleeping or eating, and lose their normal sexual interest. As the chemical changes in your brain become more dangerous, the illness begins to persuade you that there is no hope that things will get better, and no point in being alive. However, it is very important to realise that this is really like an alien taking over your mind, or a computer virus taking over your ability to assess information about yourself and the future. PLEASE DO NOT BE FOOLED; HOLD ON Although It is a horrible form of suffering, it can be fairly easily fixed in fact. It is not just a bad day, and you cannot be expected to snap out of it, any more than you can ignore a broken leg. Depressive illness is just as painful and disabling as a broken leg, or severe diabetes. It is your chemistry that is having a breakdown, not you.

9. The question is often asked, "What is the difference between depressive illness and unhappiness?". Both conditions are brought about by stress or things going wrong in our lives. When your concentration and memory are affected, it is very likely you have an illness which can be helped by treatment. You are not becoming prematurely senile.

10. The central issue is that there is a battle going on inside you, between the sick bit of you that can only see negatives and therefore wants to die, and the healthy bit of you that knows things were not always this bad, and that the future will indeed be better. Instead of attempting suicide, which has been described as a permanent solution to a temporary problem, I strongly encourage you to discuss how you feel with a doctor or a specialist in these areas. If you give them time, they will be able to dramatically improve how you feel, and help you to solve the problems you cannot manage yourself at present.

11. The problems of depressive illness and suicide are very common in Australia, but are not talked about very often, making the sufferer and their families feel alone, and frightened. In Australia, 20% of women and 10% of men will suffer at least one attack of depressive illness, and it will be severe but probably untreated in many of these people.

12. With regard to treatment, the fastest and most effective treatment for depressive illness is the use of prescribed antidepressant medication, ideally together with someone to talk to. Therapy alone will also work in many cases if you prefer such an approach. And many problems and episodes of depression do pass in time anyway. PLEASE DO HOLD ON; THIS FEELING WILL PASS. Prescriptions antidepressants are not addictive, as they do not produce immediate changes in how you feel, which all addictive agents do. In other words, antidepressants are not uppers and are not tranquillisers, but are slowly working antidotes to the chemical changes of depressive illness. We do know that any antidepressant will cure about 75% of depressive illness. Yes, 3 out of 4 cases of depressive illness will be cured by any antidepressant. The new antidepressants developed in the past 10 years have very few side-effects in most people

13. Keep in mind that non medically qualified therapists are not allowed to prescribe medication for you, even though they often provide other very useful forms of therapy. However, research also repeatedly shows that the combination of antidepressants with certain types of therapy produces better treatment outcomes than either therapy or medication used alone.

14. I hope this information service has helped you. If you have any feedback, or suggestions to improve this service, please write to me. If you would like a written version of this tape, plus further information on depression and its treatment, please send a stamped self-addressed envelope (and a tax-deductible donation if possible) to Suicide Prevention, P O Box 222, North Melbourne, Vic 3051. You can also help our fundraising by spreading the word about our websites for any charity you wish to support through www.nopresentsplease.com.au. However, for legal reasons, I must again emphasise this is an information service only, and is not offering individual diagnosis or treatment. Accordingly, I will not be able to reply to any letters. Your family doctor can give you any further help you may need.

    Thank you for listening.