20th November 2009

Committee Secretary
Senate Standing Committee on Community Affairs
Inquiry into Suicide in Australia
PO Box 6100
Parliament House
Canberra ACT 2600
Australia

Dear Committee Secretary

<u>Re; Submission to Senate Inquiry into Suicide in Australia</u>

Thank you for the opportunity to make a submission to this vitally important, greatly needed and historical spotlight on the subject of suicide.

Congratulations also for your courage in undertaking this Inquiry and inviting public comment. Suicide has been hidden and placed in the too hard basket for too long.

With more than seven people taking their lives everyday, shattering more than seven family members, workplaces, schools and communities in this great country of ours, and with many more despairing people contemplating and attempting to take their lives, not facing this or talking about this is no longer an option. We stay ignorant and "not interfere" at our own peril.

This Inquiry will no doubt demonstrate that along with the incredibly large human cost of these tragedy's, that the economic cost for not doing something is also huge.

As a caring society this should go to the very heart of our humanity, we all need to work together to encourage people to talk about their vulnerability, to share their human journeys without fear of rejection, isolation or discrimination. We are all unique, experiencing life and coping with life's challenges differently.

mh@work® is a private boutique consultancy working on the frontline with Australian (and recently overseas) workplaces. In strategic partnerships and approaches, we nurture, mentor and coach employers, employees in how to create mentally healthy, resilient and supportive workplaces. Through innovative, multi – layered promotional campaigns, we have educated many hundreds and thousands of employees in mental healthiness, mental unwellness, suicide prevention, personal and team resilience to help keep people in work.

This has led us to experiencing first-hand how real and common these issues are. Our experiential evidence tells us we have an enormous amount of work still to do.

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Though we may be more aware of mental health issues as a community, we are still unsure as to how to recognise signs and symptoms and what to do when someone isn't coping with life.

We are also hearing about confusion with the many organisations working in the sector as to who does what and where to go to for help. There is no one silver bullet organisation or approach that is able to fix these complex and confronting issues, we need to work strategically and collaboratively for the long term in order to shift and change old attitude's and cultures.

The following pages will offer some ideas from personal and professional experiences that hopefully will go a long way towards helping to reduce suicide and mental illness in a preventative and early interventionist approach.

This Inquiry is an excellent opportunity to galvanise the mental health sector, to bring united consistent messages, streamline protocols and systems, encourage a centralised body or organisation that can leader the sector.

mh@work® would welcome an opportunity to be able to present face to face at the Inquiry into Suicide in Australia, sharing some of these personal, professional experiences and recommendations for developing programs and initiatives that work towards reducing suicide and mental illness in our community.

Should you require further information, please feel free to contact us via email mhatwork@mhatwork.com.au or 0414 458 964.

We wish the Senate all the very best in this initiative.

Yours Sincerely,

Ingrid Ozols   Bernard McNair

Managing Director   Director mh@work®
mentalhealth@work
(mh@work®)

Erica Edmands
Associate mh@work®

Suicide in Australia
The Lived Perspective

"Seven People Lost Each Day, Seven Families, Communities, Workplaces, Schools Left Broken and Wondering …."

By (mh@work®) mentalhealth@work

Part A - A Personal Journey
by Ingrid Ozols

When I was five years of age, my grandmother and I would regularly visit. Glen * (not his real name) who spent time serenading me under a big shady tree in his parents backyard, would play his guitar and sing to me; it was so beautiful. As a young child I felt so special being in his company on these occasions. I would even sing along with him.

One day, his parents found 21 year old Glen had taken his life in a most violent manner. I remember that what made the situation even more traumatic for those left behind was the added complexity that the local ministers of the family's church refused to bury this young man. It was 1969. The search to find someone to give their son a dignified burial was an immensely difficult stigmatising activity. It was as if the young man and his family had committed a crime – as I understood it, in the eyes of their church - he had. So many broken, devastated people; not understanding why or how this could be allowed to happen. This led to more isolation and despair - at a time when support was so desperately needed. The family had nowhere to go for help or support. Glen's parents eventually did find someone who would bury their son, but neither they nor his siblings ever recovered and battled depression silently until their deaths many years later.

Having grown up in a family where mental illness was and is so common, I know no differently, this has been my "normal". It was something that wasn't talked about but accepted. "Our way of life, the way things are."

Over a lifetime, I have lived, loved, worked and befriended many people who have been lost and/or touched by suicide attempts, suicide and mental illness, including myself. I know only too well the devastating impact these problems have.

Whilst some of my family members and friends have endured poor or frightening experiences of care and support from service providers, I have been one of the fortunate ones who has had experienced positive mental health care. With the loving, non-judgmental support of my partner and daughter, I have experienced wellness and am able to contribute productively to my community and life.

Through my experiences, I believe I have developed a sensitivity, an antennae for others with similar experiences. I became tired of the secrets that I was seeing in families, workplaces and the community. When I became a parent I realised that the secrecy wouldn't help my child. I didn't want her to grow up in a society that is intolerant of vulnerability because of fear and lack of knowledge.

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Part B – Personal Becomes Professional

As a productive member of the workforce I witnessed mental illness being poorly dealt with in the workplace repeatedly in many of the organizations in which I was employed. I felt out of my league when faced with these situations. Not ever having been trained in the area of mental health and people management, I found it challenging, Nor was I able to find anyone else around me who was qualified or trained appropriately. Through lack of understanding and knowledge, I noticed many of my employers; manager's and colleagues demonstrate discriminating and stigmatizing attitudes and practices. At times of un-wellness, I found it very difficult to function, concentrate and think.

Personally, I had both positive and negative experiences in workplaces where employers supported me well and badly during episodes of un-wellness. I also had experiences where when I was required to employ people but found myself in a conundrum when I recognised mental health problems in an employee or potential employees. Wanting to help the job applicant but recognising that filling the requirements of the job could mean tensions all around.

So personal experience melding into the professional world was the catalyst for me to become an active mental health advocate and eventually to the founding of mh@work®.

Part C – A Team Effort
Ingrid Ozols, Bernard McNair and Erica Edmands

Mental health at work (mh@work®) is a boutique organisation aimed at improving the mental healthiness and resilience of people and workplaces. By partnering with business, we mentor workplaces to create mentally healthy, resilient and supportive workplaces through an innovative range of educational tools and services.

We specialise in developing tailored strategies and programs for organisations using a variety of communication tools to implement long term changes in workplace culture, thereby reducing the affects of absenteeism, presenteeism, workcover stress claims and bravely placing suicide prevention on the table.

Our unique workplace mental health and wellness strategies use the lived experience in awareness forums and mental health and wellbeing management workshops. We have developed specific interventions including an e -learning tool, books, dvds and electronic communications. We have distributed over 100,000 copies of our book to employers and their employees.

The team at mh@work® has developed long partnerships with many of our Australia's leading workplaces. These partnerships include Telstra Corporation, National Australia Bank, Origin Energy, Thales Australia Group, IAG and Fairfax. We work with people in rural, regional and metropolitan areas; small and large communities around the country. In essence, our experiences are a microcosm of our society in which we live and which includes so much diversity. The common thread has been the on going need for support, understanding and knowledge.

Through the many hundreds of **"Managing Mental Health and Resilience Building in the Workplace"** workshops that mh@work® has conducted over the last 7 years, and the many thousands of people with whom we have worked, we have witnessed first - hand the pain and trauma that comes with suicide.

Overwhelming, mh@work® regularly receives incredible feedback - letters, emails, cards, phone calls, hugs, hand holding and emotional appreciation from our workshops, programs and books. Comments such as; "*Thank you … You're telling my story, thank you for bringing it out into the open, I didn't know, I didn't understand…. I will go and visit a doctor…You have helped me so much…"*

However, it is disturbing how often each of us hears questions and concerns such as "*Is it ok to talk about suicide, can we say the "s" word or does this encourage it more? How do I recover from the suicide of my parent, child, sibling? Why did it happen? Why didn't I know what to say or look for?"*

Our book "**Creating A Mentally Healthy and Supportive Workplace**" and other programs, tools and services have been developed in response to many requests for information, advice, and assistance in a one stop shop format.

Part D - Recommendations

For each suicide how many individuals are affected by this one death? What is the ripple effect of 7 deaths every day? Parents, siblings, aunts, uncles, friends, work colleagues, the local greengrocer/coffee shop owner who misses their regular who comes in at 7am for his takeaway latte on the way to work – then is just not there anymore.``

7 people,
1 every 3 hourss.
Every day.
In this country alone.
That we know of.

N1H1 is being talked about as an pandemic. What concerns us, is that suicide does not rate such a mention.

Suicide, attempted suicide, mental illness is a human tragedy. The importance of us as a society bravely facing these issues is vitally necessarily if we are to make a positive impact and see any behavioural change on this matter.

Mental illnesses are treatable health conditions if help is sought quickly. But in order to face these illnesses we need to learn more about them, talk about them openly, seek and obtain the appropriate help and encourage openness as much as we can. We require more resources in the form of financial and workforce support. Many organisations have the policies but to really improve resources and services we need leadership and accountability. We need to do something for prevention and early intervention to be successful in every sphere of community life, from schools to

workplaces – everyone has a role to play and can play an important hand if appropriately educated.

We need to help support the recovery of a communities rocked by suicide. We hear many stories of multiple suicides in one workplace, in one family or in one local community. How do we as a society equip people to cope? How do we provide the right support to help them manage the impact of such tragedies when talking about suicide is still viewed by many as a *"dirty word that one doesn't use in polite company."*

This is inquiry provides an opportunity for the mental health sector to stand united rather as it currently appears to us - divided. There is no one silver bullet solution or panacea; we need to work collaboratively and present consistent messages to the community. Whilst much is being done in bringing awareness and slowly encouraging more open discussion, silo's are causing confusion to those in need of services.

From an initial dearth of information and resources, people are now faced with a plethora of information from the different health service providers and government organisations. The community is being bombarded with many messages – sometimes conflicting which causes confusion and adds to stress in already distressing circumstances. In the area of suicide education and mental health, it is our opinion that messages about treatment, approaches and assistance should be consistent. Single processes, pathways for advocacy need to be developed and refined. Clear reporting processes regarding inappropriate media coverage should and could be channelled via a central body that is representative of the sector.

The messages that we see being promoted to the broader community need to be consistent and endorsed by the mental health sector as a whole. In an area which is already confusing and fraught with stigma and fear, we need to have a simple, consistent messages endorsed by expert providers as a whole – not just one off messages from individuals or single organisations.

We are working with the community, workplaces and individuals daily. We endeavour to be conduits between the corporate and business sectors and the mental health sector. In so doing we experience and witness the community's confusion. We regularly hear the view (which we reject as erroneous) that only clinically qualified people can help with people in distress, or those demonstrating suicidal thinking and that education in this domain can only be given by medical professionals. Peer support is often questioned. In our experience, physical face-to-face contact, telephone connections and peer support cannot be underestimated as providing a wonderful avenue of support and hope for people struggling with mental illness, or caring for one struggling. This should not be lost in today's world of technology based and text driven communication.

Peer support is important, as is medical health intervention. It should not be an either or scenario but rather collaboration. An holistic and integral view of the system needs to be taken. New paradigms and behaviours need to replace old unhelpful stereotyping.

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We are all human and will all experience a range of emotions and events in our journeys that may contribute to us sometimes feeling and experiencing vulnerabilities – for some this may be what causes the downward spiral toward suicidal thinking or behaviours.

What the community now really needs is a well-considered, holistic, integrated strategic, consistent, educational approaches designed to teach people how to help and support a vulnerable person, or identify potential vulnerabilities. Not only should people feel more confident to ask the question, but they should feel they are appropriately skilled and confident to respond in a suitable manner. As Aussies we are notoriously good at asking "How are you?" but also good at not listening to the answer. What if someone replies they are not faring well? We do not generally want to hear that response - not because we do not care but because we do not know what to say!

Ad hoc selective campaigns by some of the high profile organisations are well intentioned and meaning and go a long way towards bringing awareness, but we also need to provide substance to the mass superficial advertising. Directing people to websites and glossy brochures may be helpful when people are well, but at moments of deep despair people need people and services, not just a web address.

Part E – Concluding Comments

Suicide has been ignored, placed in the too hard basket by societies around the world. Suicide is still not a talked about concept, evoking cries of cowardess, sinfulness, selfishness, attention seeking and madness. Through education and better understanding of suicide as a human issue we are in a better position to start societal changes in attitude and behaviours around human vulnerability, emotional despair and unwellness. As a community we need to come together to help one another to develop constructive ways to deal with this complex, painful and highly stigmatised subject.

Old ways of thinking need to be challenged and changed so as to break down barriers to seeking help. Stigma, isolation and disconnection contribute to the high numbers of people taking their lives. By encouraging people to seek professional help and treatment through honest discussions and brave conversations, we can get them to help much more quickly. Prevention and early intervention is the key.