

Melbourne, 20th of November 2009

To: Parliament of Australia

Re: Senate inquiry into suicide in Australia

Dear Sir/Madame,

My name is Erminia Colucci and I am a Research Fellow at The University of Melbourne. I have "dedicated" my student and professional life to the topic of suicide since more than 10 years and this is my main current interest, thus I am very pleased that the parliament has launched this inquiry and would like to congratulate you all for this initiative.

I have contributed to the report that SPA has prepared for the inquiry, thus I will not repeat the points already addressed in that document. However, there are other few issues that I would like to bring to your attention. One of them is the lack of funding specific for suicide research in Australia and the predominance of epidemiological/risk factors and quantitative research (embracing a medical model of suicide) compared to other areas (e.g. what keeps people alive, the influence of culture, gender issues, human/women rights and suicide) and methodology of research (i.e. in-depth and exploratory studies). My criticism in this regards will appear in the December issue of Voice (with The Age) and I am sending the article that the journalist has prepared to "voice" my frustration with Australian suicide funding system.

It is important, in my opinion, to increase funding in the field, set up a research agenda in consultation with suicide experts but also make sure to give funding that can be directly accessed by researchers (e.g. Suicide research grants). For instance, while in US it is possible to apply for suicide research grant thus a researcher like myself can apply for suicide-research specific funds, this is not possible in Australia and suicide experts like myself have to apply for general mental health, community, health promotion and so on grants...which gives us little chance to ever get our hands on these grants because other topics are usually favoured. If, on top of this, you consider that some suicide experts like myself might have a not-mainstream research interest and approach, the chances of receiving support are almost not existing!

Furthermore, people working in research and in prevention need to be more connected: there is too much separation between academia and services. Suicide prevention strategies needs to be developed not only by modifying and adapting what has been done in other countries but tailoring our specific populations and needs, thus they must to be rooted into research (especially qualitative/exploratory research). This was one of the topics

of my PhD, where I asked Australian youths to suggest what they thought would work in youth suicide prevention in Australia. I asked this question also to Italian and Indian youths, because if we want services to be efficient, they must consider what are people's beliefs and needs, and culture plays a major role in determining the above¹.

An effective suicide prevention strategy should enhance the reasons for people to stay alive, increasing the quality of life and giving opportunities to find meanings in life, instead of focusing on reducing the risk factors. Plus, there is too much emphasis on mental health professionals as the main source for suicide prevention whereas many suicidal people do not look for one-to-one therapies. We need to understand more what people wants, what works and doesn't work for them and base our strategies on this understanding while, till now, we acted as if we are the experts and we know what works! Rudds'emphasis on the need to re-balance our health system with a greater focus on prevention and early intervention must be translated in developing socio-culturally specific prevention strategies based on an health promotion approach and "played" in the community, with the community.

In whatever I do, I always try to work for and with the community but these efforts should be supported by the government. Australia should be able to have key figures in every state for suicide prevention, i.e. academics with government-funded appointments in "suicide prevention and research" who can dedicate their time to share their knowledge with service providers, policy makers and government organizations, other research institutes in Australia and abroad and community members (this kind of activities cannot be supported by grants but are part of our daily work, who is supposed to support them?!).

Evidence shows that suicidal people are not satisfied with mental health services. These services needs to be improved, first of all it should not be assumed that people who are suicidal have a mental illness thus need a medically-oriented approach. This is just one of the keys for suicide prevention. Other matters, for instance spirituality/religion or arts, are reported as having played a major role in suicidal people's recovery. Currently, there is no room for non mentally-ill based treatments supported by the government s in Australia for suicidal people and this way of conduct needs to be changed because we are missing out on what keeps people alive and what makes them go through hardship. Furthermore, mental health services are the last resource for many suicidal people and they generally express their intentions to someone in their close circle of friends and family members. Thus, the community needs to be educated on suicide warning signs (which also are culturally-determined) and acquire basic strategies and how to help other community members who are struggling with the choice 'to live or to die'. We just developed suicide first aid guidelines for Indian, Filipinos and Japanese

¹ Here I would like to note that the influence of culture on suicide is an area that has not been much explored in suicidology and the little we know comes from UK and US, not Australia (a part from the spurious studies on Indigenous Australians). I would be happy to send you my publications if you would like to read more about this.

community members and first aid strategies should be taught, in an effective way (e.g. using creative/group activities), to the community.

I noticed that in Australia a lot of emphasis is given to media portrayal of suicide. This is something where Australia has been very good at but we need to also understand what are the possible effects of the lack of media attention to suicide: could this attitude also increase the taboo about this topic?! These possible negative effects have not been studied but were raised during my PhD study with Australian youths and require more attention.

Suicide is generally seen as a health issue but it requires a multi-focused approach. In particular, the relationship between suicide and human/women rights has been widely overlooked. Research and prevention should address these issues thus opening the path to new collaborations, for instance with NGOs and other organizations dealing with human rights issues.

Lastly, efforts should be spent to change the "myths" among ethics committee and people assessing grant and research proposal that asking about suicide increases the risk because this is a major limiting factor in, first of all, getting funds and then, when this happens, be able to carry out the research.

Thank you very much for your attention,

I am confident that your efforts will result in a society that, at every level, is better prepared to deal with a dramatic phenomenon: the end of many Australia fellow citizens every year by their own hands, often... too often...young and strong hands.

Your sincerely,

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