JESUIT SOCIAL SERVICES POLICY UNIT

SUBMISSION

RESPECTING THE VALUE, DIGINITY & RIGHTS OF EACH PERSON

Submission to the Senate Community Affairs References Committee Inquiry into Suicide

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Executive Summary

Jesuit Social Services welcomes the opportunity to make a submission to the Senate Community Affairs References Committee inquiry into suicide in Australia. We believe an in-depth examination of the impact of suicide on the Australian community is of critical importance particularly to the health and wellbeing of families and young people who are bereaved by suicide.

Jesuit Social Services works to build a just society by advocating for social change and promoting the health and well being of disadvantaged young people, families and the community.

Jesuit Social Services has been working with people bereaved by suicide and building the capacity of communities and professionals to respond effectively to those people, for the past five and a half years through our **Support after Suicide Program.** In this time the program has supported over 600 people bereaved by suicide directly through our service and has provided education and training programs to over 1100 people in Victoria.

The following submission focuses on those aspects of the Senate's inquiry where Jesuit Social Services has experience to contribute: the personal, social and financial costs of suicide in Australia; the appropriate role and effectiveness of agencies in assisting people at risk of suicide; and the role of targeted programs and services that address the particular circumstances of high risk groups.

The main focus of our submission is on the impact of suicide on the suicide bereaved and on the need for specialist and innovative services to provide them with effective care.

We make the following recommendations to the inquiry:

Recommendation 1: People bereaved by suicide are at increased risk of suicide and face significant barriers to effective care. There is an urgent need to increase the availability of care to the suicide bereaved through the provision of specialist services that include individual counselling, group-work and intensive outreach services. These services need to be provided by professional counsellors expert in dealing with both grief and trauma and be free of charge. They also must have the ability to provide long-term support to clients.

Recommendation 2: That the Senate Committee investigate the feasibility of establishing a National Postvention Consultancy Service, providing resources and secondary consultation to professionals, communities or organisations working with the suicide bereaved.

Recommendation 3: That the Committee examine the efficacy of providing web-based counselling services for the suicide bereaved to reach people in rural and remote communities who want professional help but cannot access it.

Recommendation 4: That the Committee examine the efficacy of providing interactive web-sites that allow people bereaved by suicide to connect with other bereaved people and share their experiences through private chat rooms and social networks.

Recommendation 5: That the Committee investigate strategies for educating the general community and in particular teaching and support staff in schools about the impact of suicide on families and to be aware of the high risk of suicide amongst the suicide bereaved.

Recommendation 6: That more funding be made available for a range of innovative responses to the needs of young people bereaved by suicide including activity programs and adventure therapy programs.

1. Introduction

Jesuit Social Services welcomes the opportunity to make a submission to the Senate Community Affairs References Committee inquiry into suicide in Australia.

For more than 30 years, Jesuit Social Services has delivered a range of programs to disadvantaged individuals, families and communities who face difficult, challenging circumstances with very little support. We do this by forming relationships as a basis for effective, holistic interventions, and by effecting social change through social policy, advocacy and research.

We work in some of the most difficult and demanding areas of human service, including the areas of crime, addiction, mental illness, long-term unemployment and entrenched social disadvantage. Our approach to working with people includes a commitment to understanding and appreciating each individual person in his or her totality.

Our services currently include:

• ***Support After Suicide***: Providing support to families and individuals who are bereaved by a suicide. We do this by both providing counselling, groups and outreach support to individuals, families and children who are bereaved through suicide or affected by a suicide, and by resourcing education, health and welfare professionals who have the capacity to support those affected by suicide.

• ***Connexions***: Delivering intensive support, counselling and outreach services to young people with mental health, substance and alcohol abuse problems.

• ***Brosnan Youth Services***: Supporting young people and adults in the justice and youth justice system to make a successful transition from custody back into the community.

• ***Gateway***: Providing pathways to education, training and employment for young people with complex and multiple problems associated with mental health, substance abuse and homelessness.

• ***Communities Together***: Working with residents, including culturally and linguistically diverse communities on public housing estates across metropolitan Melbourne.

• ***Strong Bonds***: Providing information and resources to parents and workers of young people with complex needs through training and website information.

Respect for the value, dignity and human rights of each person are a fundamental philosophical and practical starting point for all our work. We strive to establish robust and authentic relationships to nurture the development of the young people and families that we work with and to increase their capacity for social connection and economic participation.

2. *Support after Suicide* – a program of Jesuit Social Services

The Jesuit Social Services ***Support after Suicide*** program provides:

- Individual and group counselling and support to families and individuals bereaved by suicide.
- Builds the capacity of the community and existing services to respond effectively and appropriately to people bereaved by suicide through education, training and secondary consultation.
- Provides information and resources to individuals, services and the broader community through the program website: http://www.supportaftersuicide.org.au

The program was first established in 2004 and over the past five and a half years **over 600 people affected by a suicide have received counselling and support** from the service. **Over 1,100 people have engaged in education and training sessions** conducted by ***Support after Suicide*** in rural and regional Victoria. Education and training participants included staff from mental health and community health services, school counsellors and welfare co-ordinators and emergency services workers.

The majority of clients seen by ***Support after Suicide*** over the past five and a half years are adults between 26 and 60 years of age (70%); children and adolescents (23%); and adults over 60 years of age (7%). Two thirds of clients were females, one third males.

The ***Support after Suicide*** program aims to:

- reduce the stigma and isolation experienced by those bereaved through suicide
- assist people to understand their reactions and responses to the trauma of suicide
- reduce the risk of further suicides in families of those already bereaved by suicide
- assist people to create, discover or rebuild meaning, identity and purpose post the suicide
- strengthen the capacity of professionals and support people across a range of health, welfare and education sectors to respond effectively to suicide bereavement
- increase awareness of and understanding about suicide and the experience of bereavement following suicide.

Support after Suicide program staff are experienced clinicians with specialist skills in suicide bereavement. The program is a state-wide service although, due to limited staffing, most counselling services are delivered in Melbourne.

The following submission focuses on those aspects of the Senate's inquiry where Jesuit Social Services has experience to contribute: the personal, social and financial costs of suicide in Australia; the appropriate role and effectiveness of agencies in assisting people at risk of suicide; and the role of targeted programs and services that address the particular circumstances of high risk groups.

The main focus of our submission is on the impact of suicide on bereaved people and on the need for specialist and innovative services to provide them with effective care.

3. The personal, social and financial costs of suicide in Australia

> *"24-year olds aren't supposed to die, let alone be motivated to die or need to die to escape their pain and misery. It isn't natural, nor is it expected by those who love them. Though not the same by all means, I relate bereavement through suicide to something like being raped, tortured or murdered (or loving someone who has gone through any of these events).*
>
> *It just doesn't seem like it should be part of the human experience, something no-one should endure, a violation that shatters a fundamental and core sense of safety, an experience that shouldn't inhabit the human psyche."*
> **Reflections of a female client of the *Support after Suicide* program bereaved by the suicide of a close friend**

Personal & Social Costs:
For every person who dies by suicide, there is left behind a myriad of people touched by the tragedy – spouses and partners, children, other family members, friends, work mates and the local community. It has been conservatively estimated that for every suicide, on average, another six people will be severely affected by intense grief. Other studies propose this figure to be much higher, ranging from at least five to as many as 100 individuals bereaved by suicide.

The impact of suicide is far-reaching, complex and can be life threatening – and is quite different to the bereavement following other types of death. All too frequently, the experience of losing someone through the act of suicide, impacts on the bereaved person's:

- **Sense of self-worth and identity**
- **Mental and physical health and wellbeing**
- **Friendships and family relationships**
- **Sense of community connectedness – isolation and shame often result**
- **Economic status – particularly if the person who died was the main breadwinner in the family**
- **Capacity to continue with education or employment**
- **Sense of safety – high levels of anxiety and fear are common**
- **Own suicide risk level – there is a high rate of suicides amongst those bereaved by suicide.**

A key difference between suicide bereavement and other bereavement relates to the difficulty with understanding and making sense of the death. One of the ways this is manifested is in the question: "Why? Why did they do it?"

It is also more likely that people bereaved by suicide will demonstrate higher levels of guilt, blame and feelings of responsibility for the death than other bereaved people. People bereaved by suicide may also feel higher levels of rejection or abandonment by the bereaved.

There are other significant impacts – feelings of isolation and stigmatisation, the profound detrimental influence on the family relationships, and concern about the increased risk of another suicide. **There is evidence that the risk of suicide is increased in those close to the person who died, with estimates that this may be as high as four times for young people who experienced the suicide of a close friend or relative.**

Grieving is an intensely personal and individual process, and the bereavement journey following a suicide is typically prolonged. Yet we know the social stigma associated with suicide bereavement can result in a reluctance to seek assistance. Current research about suicide bereavement indicates the need for flexibility in timing for interventions, as well as flexibility in service types to ensure optimum responsiveness to individual grieving styles, processes and experiences of the suicide bereaved. Also vital, is the opportunity for people bereaved by suicide to have contact with one another to share their stories, experiences, pain and loss as they try to come to terms with what has happened

Suicide bereaved children often have higher rates of depression, anxiety, social maladjustment and symptoms related to posttraumatic stress when compared with children who are not bereaved or who are bereaved by a non-suicide death. They experience the negative effects of the loss over a prolonged period of time. They need particular care and this has to be provided in age-appropriate ways (see Section 5).

> *"I have experienced long-term mental health problems, such as depression and anxiety, not necessarily as a direct result of my friend's suicide, but certainly exacerbated by such an event. If someone suicides, their family and friends left behind also have their own psychological issues (and are caught up in the web of contextual issues in which the person died was in). Such psychological issues tend to surface and worsen following their loved one's suicide."*
> **Female client of *Support after Suicide***

Financial Costs of Suicide:

A comprehensive assessment of the costs associated with suicide would require detailed research work, examining not only the mortality burden but also the direct and indirect impacts on the suicide bereaved. Jesuit Social Services has not undertaken research on the financial costs of suicide, however, we are aware through our work that significant costs are incurred by individuals and society as a result of the impact of suicide on the bereaved.

These costs include:

- **Loss of earnings as the suicide bereaved are often unable to maintain employment, sometimes for extensive periods of time post the suicide, or have to revert to part-time employment.**
- **Welfare support payments to families and partners.**
- **Medical support to families, partners and friends.**
- **Counselling support to families, partners and friends.**
- **Families and partners being forced to relocate to government housing.**
- **Day to day informal support provided by family and friends.**
- **Education & training of school and community support networks in how to support the suicide bereaved.**

The age range with the highest rate of suicide in Australia is 30-44 year old males. Those in this cohort are often fathers and their suicide results in many bereaved children and young people. The personal cost to these families of losing a primary care-giver is great.

If this parent was also the main income earner the financial burden incurred as a result of their death sometimes results in dramatic changes in lifestyle for those families involved. ***Support after Suicide*** staff have worked with many families whose **standard of living has deteriorated greatly as a result of a parents death by suicide**. **Families who have no longer been able to maintain private rental or mortgage payments and have found themselves living in government housing, away from their communities and support networks.**

4. The appropriate role and effectiveness of agencies in assisting people at risk of suicide;

Generalist grief and loss services provide some support and assistance to people bereaved by suicide but generally do not have expertise in dealing with the trauma associated with suicide and are often limited in terms of their capacity to offer long-term or on-going support.

Our own service is one of only two specialist services in Australia that offers support to those bereaved by suicide for as long as it is required. Our experience and the research on suicide tells us that the impact of suicide on family and friends is prolonged. More specialist services for the suicide bereaved are needed that have the capacity to provide long-term support delivered in a flexible manner – both in-centre and outreach counselling, group-work and intensive support services.

In addition to this consideration should be given to establishing a National Postvention Consultancy Service, providing resources and secondary consultation to professionals, communities or organisations. This would increase the capacity of local professionals, communities and organisations throughout Australia to respond to suicide bereaved people.

Recommendation 1: People bereaved by suicide are at increased risk of suicide and face significant barriers to effective care. There is an urgent need to increase the availability of care to the suicide bereaved through the provision of more specialist services that provide individual counselling, group-work and intensive outreach services. These services must be provided by professional counsellors expert in dealing with both grief and trauma and be free of charge. They also must have the ability to provide long-term support to clients.

Recommendation 2: That the Senate Committee investigates the feasibility of establishing a National Postvention Consultancy Service, providing resources and secondary consultation to professionals, communities or organisations working with the suicide bereaved.

5. The role of targeted programs and services that address the particular circumstances of high risk groups.

> *"Sometimes I feel angry with him for not telling me how down he was and that he was thinking about doing this. He was my best friend, he could have told me anything and we could have worked it out. Also when I'm having a bad day with the kids, I get angry with him for leaving me and the kids, leaving me with all the responsibility. I'm sometimes scared that we won't manage without him. And I get angry when I see the kids hurting. They don't always say but I can see how they miss him and this hurts me as well"*
> **Reflections of a female client bereaved by the suicide of her husband**

The high risk groups that we work with and who have a need for more targeted services are adult males and children and young people.

Males

The majority of people accessing services at ***Support after Suicide*** are female (66%). Research and our own experience tells us that the help-seeking behaviours of males tends to be poor (Deane, Wilson & Ciarrochi 2001; Moller-Leimkuhler 2002).

Various studies have found that the following issues impact on men's poor help-seeking behaviour:

- Believing they should be able to resolve their own problems
- Not knowing where to go
- Long waiting lists and a lack of immediate support
- Inflexible eligibility criteria
- Cost of services
- Transport issues
- Limited opening hours

We know the social stigma associated with suicide bereavement also results in reluctance, particularly amongst males, to seek assistance.

A range of innovative responses is required to help improve the help-seeking behaviour of males bereaved by suicide. There is a need for education and awareness programs for the general community and in particular males about the impact of suicide. As noted above more flexible counselling services are also required that offer outreach services and long-term support to the suicide bereaved.

In addition the efficacy of providing support to the suicide bereaved through **interactive websites** should be explored. Websites that allow people bereaved by suicide:

- to connect with other bereaved people and share their experiences through private chat rooms and social networks
- to participate in user forums and hosted events
- and where communities can be mobilised to provide practical and emotional support to those bereaved in their local areas.

We believe these websites would:

(a) Reduce the adverse impact of bereavement by suicide, particularly isolation and stigmatisation, by connecting bereaved people to talk about their stories and experiences and gain support from each other.
(b) Provide the opportunity for those bereaved by suicide to develop expressive, creative and dynamic memorials for the person who has died.

(c) Create opportunities for communities to provide emotional and practical support to those bereaved from suicide in their local area.
(d) Reduce the risk of suicide among those close to the person who has died.

Interactive websites would provide support to those who are seeking anonymity and privacy, are geographically isolated or need 24 hour availability.

Recommendation 3: That the Committee examine the efficacy of providing web-based counselling services for the suicide bereaved to reach people in rural and remote communities who want professional help but cannot access it.

Recommendation 4: That the Committee examine the efficacy of providing interactive web-sites that allow people bereaved by suicide to connect with other bereaved people and share their experiences through private chat rooms and social networks.

Children and Young People

Adults tend to seek out counselling and support following the suicide of a close family member. However children tend to close themselves off, not knowing what they feel or how to express themselves. Living in a family unit overwhelmed by grief, these young people fear the uncertainty of the future, scared that someone else will die, that they will be left alone, and sometimes they formulate the notion that suicide can be a viable means of dealing with problems.

A literature review conducted by ***Support after Suicide*** on children, young people and suicide bereavement revealed that:

- Reducing the impact of symptoms can be successful if children are supported early with appropriate interventions where their needs are well understood.
- Group work for children results in a reduction in anxiety and depressive symptoms – group work reduces the sense of isolation children experience.
- Parental involvement is important in meeting the needs of bereaved children.

Support after Suicide has conducted a number of highly successful interventions for children and young people utilizing **activity based groups** and **adventure based therapy programs**. Using nature as a safe space for a group of young people who have been bereaved by the suicide of a parent or sibling has proven an invaluable part, in the long healing process (see attached Case Study: **Climbing through Grief)**

The underlying purpose of these programs is to improve the health and well-being of those who are most at risk of developing adverse outcomes and to build resilience in the bereaved with the purpose of preventing further suicides.

Recommendation 5: That the Committee investigate strategies for educating the general community and in particular teaching and support staff in schools about the impact of suicide on families and to be aware of the high risk of suicide amongst the suicide bereaved.

Recommendation 6: That more funding be made available for a range of innovative responses to the needs of young people bereaved by suicide including activity programs and adventure therapy programs.

Case Studies from the *Support after Suicide* program

(***Case studies presented with permission of families involved – all identifying data changed***).

Browne Family

The Browne family were referred to Support after Suicide by the school of the younger child, John, two and a half years after their father's suicide. John was not attending school for 2-3 days each week. He described himself as low and depressed and did not want to get out of bed. The school counsellor had been working with John since his father's death but now felt more specialist support was needed.

Presenting Issues

The family felt unable to speak to one another about the suicide of the children's father, Brian and rarely spoke of him at all. There was little communication between the family members.

The initial presenting issue was the 16 year old son's depression and anxiety about his absences from school. Other issues were the mother's severe depression and her trauma – which was exacerbated by the particular circumstances of her husband's death.

The older child, a daughter, initially appeared to be coping well, was involved at school and in other activities. However, three years after her father's suicide, she became severely depressed and twice attempted suicide herself.

Aims of support provided by *Support after Suicide* program were to:

- Assist the children to manage their grief, trauma and depression and for the younger child to return to more regular attendance at school
- Assist the mother to deal with her grief and trauma, return to more satisfying work, and relate more openly with her children about their father
- Provide parenting support for the mother
- Provide a safety plan and support network for the older child
- Enhance the quality of life and mental health of the family.

Therapeutic approaches

- ***Support after Suicide*** provided the family with both individual and family counselling in-centre, at the family home and at the school.
- A family-sensitive approach was taken that allowed for a wide range of interventions to be offered to individuals and to the family as a whole
- Psycho-education about suicide, suicide bereavement and trauma responses was given. This helped the family to understand their responses and to have more realistic expectations of themselves and each other.
- A counselling approach that allowed for meeting the needs of the person/family as they emerged e.g. parenting issues, grief, trauma work, family relationships, social network strengthening, problem-solving, exploring and re-telling the story of the father's life and death
- Provision of information about suicide risk assessment
- Group support- including an activity camp for John with other suicide-bereaved young people.

Outcomes

John regularly attends school and is doing well. He has a part-time job and is saving for an overseas trip. He has stronger relationships with his peers and is more socially engaged with them.
Nicola left school and has a part-time job and has stabilised.
The mother is now working part-time as a nurse. She is more optimistic about her life and the future and has begun dating with a view to forming a long-term relationship.

The family talks more openly about Brian's death and are experiencing less shame and guilt.

Riley Family
Mary (46) and three children: Rhonda (female, 18), Kim (female, 16) and Peter (male, 14). At the time of referral Mary received the Supporting Parent Benefit but now receives a Disability Payment. Husband and father, Paul (43), died 2002.

The family are currently living in the outer suburbs of Melbourne in public housing. Prior to the death they were living in a family home in a rural location.

Presenting Issues
Mary was referred to Support after Suicide in 2006. The suicide death of her husband had a significant impact on Mary, her 3 children and the functioning of the family. She described herself as 'not getting off the couch for a year,' following his death. Her three children had not been to school for several years, the younger two were being home schooled. The four members of the family were severely isolated, hardly leaving the home, with few social links outside the home. The family was also estranged from in-laws and extended family.

Mary had separated from her husband shortly before his death. There was a history of domestic violence – physical and emotional. Their father told the children on an access visit that he intended to suicide. The children were told that this was because of them and Mary. While the children told him they did not want him to do this he subsequently suicided in a way that ensured that the children would find him.

The significant presenting issues for Mary were anger with her husband for exposing the children to his death, distress at the trauma for her children, depression and anxiety.

Mary had been employed at the time of her husband's death but at the time of referral had not worked for 4 years. There were significant mental health issues for herself and her three children since the suicide which had not been addressed. The family did not speak with one another about their father or his death. Mary found it impossible to allow her children to say anything positive about their father.

Types of support provided
Mary has had fortnightly face-to-face counselling sessions 2006. These sessions have addressed issues of trauma, grief, social isolation, depression, anxiety, relationships with extended family, within the family, schooling for the children and parenting issues.

Aims of support
Essentially the aims of the support to Mary and the family were to:
- reduce the impact and severity of the trauma on all members of the family
- increase social connections including with extended family
- facilitate the communication and relationships within the family
- facilitate a return to school for the children

Therapeutic approaches
Mary felt very negatively judged by friends, family and services including the school. She did not believe that the impact of her husband's suicide on her and her family was understood by anyone. She believed she had failed her children by allowing them to go to their father on that weekend; she saw herself as a bad mother and undeserving of care and support.

It was important to hear her, assist her to relate what had happened to the trauma of the suicide death, the impact of suicide and grief. Working through the impact of the suicide on her, the impact on her of her children's exposure to his death and facilitating more open communication between family members was important as was encouraging the repair in some of the wider family relationships which she had given up on; she felt belittled, judged and rejected by them. Providing support for her role as a parent was crucial. She was not able to engage actively as a parent with her children because of her sense of herself as a bad mother.

Outcomes
Mary is now a more engaged and active parent to her three children. There is more open communication within the family about Paul's death.

The children now attend school – they were linked in with schools that were more appropriate for their needs and difficulties. The whole family has stronger links with extended family and are more engaged with the community.

The ***Support after Suicide*** camp for young people bereaved by suicide was particularly important in helping the children to voice their feelings about their father's death.

Mary is more optimistic about the future, she has a better sense of herself as a parent and is making plans to ready herself to re-enter the workforce.

The crucial element of change in working with this family was to understand the unique and complex impact of suicide. Other support services were critical of Mary and her parenting and were not willing to work with her on her own responses to the suicide and trauma. It is hard to imagine where the family would be if ***Support after Suicide*** had not been available to provide the crucial understanding of the unique, complex and debilitating impact of suicide.

Climbing Through Grief – an Outdoor Adventure Program for young people bereaved through parental suicide:

Staff from two very different areas of Jesuit Social Services recently came together to facilitate a unique, innovative and inspiring program. In response to a need identified by ***Support after Suicide*** to engage with a specific group of adolescents, married with The Outdoor Experience's expertise in tailoring outdoor intervention programs for young people with complex needs, the "Climbing Through Grief" program came to fruition.

The Outdoor Experience program and ***Support after Suicide*** co-facilitated a 3 day trip with a group of 8 participants who have been bereaved through parental suicide. ***Support after Suicide*** staff were very aware of the impact that the parental suicide and subsequent family issues were having upon the children (aged 13 – 17). However, rather than attempt to engage the young people in individual counselling with an adult, they thought that it maybe more beneficial to run some group activity.

The program involved a base camp, with an afternoon of caving, ½ day rock climbing and a bushwalk. The purpose of the camp was to offer participants the chance to meet and connect with other young people who had experienced similar loss.; to find a place that was away from their usual life and from the chaos and on-going issues that swamped their worlds; to provide a few days where they could be themselves, and act as "adolescents" and remove the masks that they had to constantly wear; and a space where the "S" word (*suicide*) could be said and they could talk about the suicide of their mother/father without reaction, shame, rebuke or expectation.

In hindsight, as facilitators, The Outdoor Experience staff and ***Support after Suicide*** counsellors did very little in way of frontloading activities or directing conversations. We quickly realised that reflection and formal debriefs just weren't appropriate. At a reunion BBQ held at the Bush Hut the following fortnight participants indicated that they appreciated the staff taking a minimal role in facilitation of conversations. They gained more benefits through sharing the common element of challenging outdoor activities. Parents accompanied many of the participants to this BBQ. Photos, stories, some more fun activities and laughter were shared.

Following this ***Support after Suicide*** met individually with participants to hear about their experience and get their suggestions about what to do next. They revealed that one of the most significant conversations

about suicide happened while they were together doing the washing up with the facilitators safely out of earshot on deck-chairs near the fire! They also said they valued the opportunity to 'have ordinary chats' with the other participants about topics like the footy without the 'extra attention and sympathy you get at school'.

Although this trip was only 3 days in length, it was one of great learning and significance for everyone. ***Support after Suicide*** will continue working with this group and the participants themselves are keen to reach out and connect with other young people bereaved by parental suicide. It is anticipated that The Outdoor Experience team will continue to be involved in running activity days/camps in the future. The Outdoor Experience team and ***Support after Suicide*** are continuing to think about how to use this knowledge to establish more

- safe spaces and places for young people who are bereaved through suicide to communicate about that experience with each other
- opportunities for these young people to just be around others who understand what they were going through

In the spirit of Jesuit Social Services, the relationships established with and among this group were the primary intervention tool. The place encouraged a sense of freedom for self- expression, the space allowed these young people to learn to trust, and the nature and challenges of the activities has led to hope for the future and realisation of other possibilities.