

**Submission to The Standing Committee on Health and Ageing
Inquiry into the need for and success of early intervention programs
aimed at preventing youth suicide**

www.youthsuicide.com.au



*You would never tell a friend to die, tell
yourself what you'd tell a friend*



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Standing Committee on Health and Ageing
House of Representatives
PO Box 6021
Parliament House
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AUSTRALIA**

**Submission to The Standing Committee on Health and Ageing
Inquiry into the need for and success of early intervention
programs aimed at preventing youth suicide**

from

The Australian Suicide Prevention Foundation

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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 Australian Suicide Prevention Foundation welcomes the opportunity to provide input to the Standing Committee on Health and Ageing's *Inquiry into Youth Suicide Prevention*.

The Australian Suicide Prevention Foundation has recently made a submission to the *Senate Inquiry into Suicide in Australia*. . Many of the communications we receive as well as analyses of our website statistics relate to youth suicide and depression. Awareness, identification and understanding of the signs of deepening depression must be a primary focus moving forward.

THE ISSUES

- People kill themselves because of emotional pain.
- 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 20,000 telephone and internet contacts per month
 - o 30% identifying youth and teenage suicide
 - o 22% identifying depression
- There is no central directory source providing details of local groups to those in distress.

Suicide and depression are intimately intertwined. 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, both www.youthsuicide.com.au & www.suicideprevention.com.au deal 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 offered 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 DISTRESSED 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. A key focus of our future developments, subject to funds availability, is to develop our vision of an always available, anonymous, web-driven decision tree early intervention tool enabling the user to receive focussed responses and directions tailored around the user’s interaction to the questions and suggestions provided. Additional 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 will form part of this service.

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

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.

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, don't have the same freedom to seek help as do adults nor established confidentiality, factors which further deter them from seeking professional intervention.

Youth suicide and young adult suicide are major sources of life years lost. Statistically, this group is amongst the heaviest users of the internet, especially males.

Adolescents are heavy users of the internet. This is reflected in our experience of young people willing to interact with our websites.. Our development plans include the expansion of both www.youthsuicide.com.au and www.selfharm.com.au and the ongoing introduction of adolescent-friendly styles to www.suicideprevention.com.au.

The availability of non-embarrassing support to young people who don't have the capability to seek help and especially young males who are less likely to seek help for emotional problems than young females 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 these people 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 such as the one run by ASPF would cope easily with such numbers.



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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 sought or utilised 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 and are offered without embarrassment to the distressed person.

WHERE IS IT FAILING – WHAT ARE THE GAPS?

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 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 the distressed individual. 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.

The young and men of all ages and backgrounds can be at risk. Traditionally they have been less likely to seek help for emotional problems. Reasons given for this include:

- the young lack the life experience & may not recognise symptoms of emotional distress;
- they 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;
- they 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;
- many services may not appear to be user-friendly for young people;
- youths may feel uncomfortable discussing their problems or talking about their feelings – particularly in rural communities, which place a high value on self-sufficiency.
- 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.

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 day to seek professional help. For many males, it is difficult to access GPs and other professional services given the lack of a personal Medicare card and frequently don't have the same freedom to seek help as do adults.

Reasons given for this include:

- males may not recognise symptoms of emotional distress and not accept they are in distress;
- many males, irrespective of age, 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;
- young males 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;
- many males may not see this as the “male way”, based on their experiences with their more senior male mentors and role models;
- young males 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, yet funding and media coverage is very heavily skewed away from suicide and depression.

	1998	2002	2007	2008
Suicide (X60-X84)(c)	2,492	2,320	2,054	2,191
Land transport accidents (V01-V89)(d)	2,011	1,9707	1,456	1,383

The need for early intervention programs in suicide and depression aimed at preventing youth suicide is critical to addressing this most distressing situation. A key focus of our future developments, subject to funds availability, is to develop our vision of an always available, anonymous, web-driven decision tree early intervention tool enabling the user to receive focussed responses and directions tailored around the user's interaction to the questions and suggestions provided.

By comparison, 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, similar approaches must be developed and made easily available for those holding depressive and suicidal thoughts. These services must provide 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, anger and shame felt by the distressed individuals and their 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. 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 asshole im going to kill myself tonight. maybe then they'll stop treating mme like joke



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, www.youthsuicide.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 would 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.



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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.youthsuicide.com.au, 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. Our services are available at any time of the day or night 24/7, never engaged, without embarrassment and at no cost to the distressed individual.

Our phone service attracts some 5,000 calls annually and our web site has more than 200,000 hits per year and growing; disturbing numbers and clearly providing a service. Australia has over 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.YOUTHSUICIDE.COM.AU](http://www.youthsuicide.com.au)

Is focussed on youth and stresses that painful conditions always pass, both mental and physical.

[WWW.SUICIDEPREVENTION.COM.AU](http://www.suicideprevention.com.au)

Is our principal web based service and 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.

A key focus of our future developments, subject to funds availability, is to develop our vision of an always available, anonymous, web-driven decision tree early intervention tool enabling the user to receive focussed responses and directions tailored around the user’s interaction to the questions and suggestions provided.



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.