

I have been a crisis telephone counsellor for 8 years, a supervisor of counsellors for 5 years, assisted in the training of counsellors for 5 years (lifeline) as well as a "living works" trainer (suicide intervention) for 1 year. Further i was group facilitator for dads in distress for 1 year (support group for men coping with divorce and separated from their children).

During my time as a telephone counsellor and facilitator i have taking many hundreds of calls related to suicide in both support of people bereaved by suicide as well as intervening in real time suicide attempts. My experiences have shown me every aspect of human emotions associated with the desire, effect, attempt, intervention and success of suicide. If there was an overall encompassing phrase describing how a suicidal person thinks and feels it would be "a deep sense of hopelessness connected to a loss with no immediate relief to the pain". Some examples of loss include; spouse, partner, child, parent, relative friend, home, pet, money, job, control, freedom, dignity, safety and identity. The "at risk period" is between the loss and either recovery or death. It is this period that needs the attention and resources.

Traditionally in Australia friends and family have been part of the intervening resource along with medical and mental health professionals, crisis counselling and support groups. If we want to build on this to lower the suicide rates in Australia i have some suggestions.

1. More resources diverted to public awareness including media campaigns (TV, radio, billboards, website) explaining there IS relief available. Advertisements that firstly show statistics that normalise the "at risk person" then show examples of successful recoveries from the "at risk period".
2. More resources to support groups for men (dids), women, children and then all groups affected by suicide bereavement.
3. More resources to train police, school teachers, doctors, health professionals in suicide intervention (living works).
4. Extend telephone counselling to on-line real time instant messaging (chat) by trained counsellors. It is clear that more can and needs to be done to stem the tide of suicide in Australia and I applaud the committees commitment to achieve this.