

Committee Secretary  
Senate Community Affairs Reference Committee  
PO Box 6100  
Parliament House  
Canberra ACT 2600



17 November 2009

Dear Committee Secretary,

**Senate Community Affairs Reference Committee - Inquiry into Suicide in Australia**

Please see attached submission in regard to the Senate Community Affairs Reference Committee - Inquiry into Suicide in Australia.

I welcome the decision to conduct an inquiry. Suicide has a profound impact on partners, family and friends and also on the surrounding community and society itself. It is important that government continues to work towards minimizing the impact of suicide in Australia.

This submission is made in my personal capacity as someone who has been directly affected by suicide.

I am content that my submission is made public.

Yours sincerely,

Dylan R Morgan

## **Submission - Senate Community Affairs Reference Committee - Inquiry into Suicide in Australia**

### **Background information**

Following a NSW Police missing person's unit investigation and a Coronial enquiry it was determined that my wife had taken her own life, i.e. committed suicide.

Until her suicide we considered ourselves a normal, happy and loving family. My wife was 49 years of age and taught law at university. We have been married for many years and are blessed with 2 lovely children. We are members of an excellent community, tertiary educated with good careers and financially secure. We are in good health and are not impacted by alcohol or drug abuse, gambling problems, criminal activity or social deprivation.

In my wife's particular case, I believe her suicide was a result of a stressful work environment and age related health issues.

My submission in regard to the questions in the inquiry terms of reference as follows:

#### **a) The personal, social and financial costs of suicide in Australia**

In my experience the personal, social and financial costs of suicide are considerable:

- I have lost a partner and mother to our children who made an enormous contribution to the well being of our family.
- My children have lost their mother at a time when they most needed her care and nurture.
- The university and its students have lost a well respected teacher.
- Our community has lost a big contributor to its well being in our daughter's school, with sports and dance activities and our church community.
- Our household budget has lost a salary.
- We have lost her future earning capacity and her contribution to our retirement plans.
- I have incurred extraordinary child care costs.
- My work and has suffered because of having to take time off and this has led to additional cost and loss of production for my employer and its business community.
- My own mental and physical health and well being has and continues to suffer. I was fortunate to receive support of counselors at the NSW Friends and Families of Missing Persons Unit at the Attorney General's Office thus incurring more cost for the State.
- I have incurred legal and other costs associated with the NSW Police investigation, the Coronial inquiry and in settling of her estate.
- The state incurred significant time and resource costs during the NSW Police investigation and during the Coronial enquiry.

- The community in which she was involved has incurred cost in terms of providing support for our family, their involvement in the NSW police investigation and the Coronial inquiry. This includes my daughter's school, my wife's doctor, her employer and other witnesses called during the Coronial enquiry.
- Given the amount of support we have received from our community I am sure her suicide has also been detrimental to the well being of our community.

**b) The accuracy of suicide reporting in Australia, factors that may impede the accurate identification and recording of possible suicides, (and the consequences of any under-reporting on understanding risk factors and providing services to those at risk);**

I have no comment on the accuracy of suicide reporting.

**c) The appropriate role and effectiveness of agencies, such as police, emergency departments, law enforcement and general health services in assisting people at risk of suicide;**

The question presupposes that suicide is primarily a matter for post intervention action by such agencies rather than prevention by a caring society. In my view, the priority should be to invest in the front line services within our society, i.e. at schools, in the work place, with general health services and within the community generally.

Whilst the police and emergency services play an important role in locating missing persons, attending attempted suicidal events, etc it is important that primary care and responsibility is with the general health services.

Based upon my own experience the effectiveness of these agencies in assisting people at risk of suicide can be improved by better coordination. In particular, once people has been identified as being at risk, then a system of referral to and follow up by the general health services and the involvement of the family should be put in place as a matter of course.

**d) the effectiveness, to date, of public awareness programs and their relative success in providing information, encouraging help-seeking and enhancing public discussion of suicide:**

Generally not effective; as suicide is perceived in the community as failure by the individual and inadequacies of those around them and is someone else's problem.

In my own experience people do not generally have the skills, or understanding to be able to help anyone who may be suffering anxiety, depression or suicidal tendencies. After the suicide of my wife few of my social and work network were not able to talk to me about my wife's suicide. It was almost like she never existed after that day. People do not know what to say or do so they say and do nothing.

Amongst other reasons, suicide is a consequence of anxiety and/or depression, i.e. poor mental health. The counseling and support that I have received following this event has led me to understand the importance of good mental health. My approach to life and attitude generally has changed as a result of my experience.

We are encouraged to be immunised, have dental and eye check-ups and screening for cancer, etc. One practical idea that should be considered is to encourage regular “mental health check-ups” with a counselor or medical practitioner. This would be an opportunity for vulnerable individuals to open up, to be assessed and obtain help for themselves or for others. It was the access to a counselor that helped me vocalise my feelings, understand better what was happening to me and what I needed to do to feel better.

Suicide is a selfish act. Whilst it may be a way out for that person the ongoing emotional, etc cost is borne by the family and friends and community. The voluntary euthanasia/assisted suicide movement has gained much publicity on the rights of the individual but fails to explain what this means for those left behind. More can and should be done to get the message across that there are alternatives to suicide.

Mental health is portrayed negatively and something to be avoided. Things can and should be done to mainstream the idea we all have a mental health and can all benefit from some care and maintenance. Could we not improve the image of mental health and the positive aspects that can be gained, i.e. a happier and more productive life for our society?

**e) the efficacy of suicide prevention training and support for front-line health and community workers providing services to people at risk;**

Unless someone tells you how they are feeling it is very difficult to know what they are thinking. In our case, we had just enjoyed a holiday together and had no reason to suspect my wife was contemplating suicide.

My wife had also been consulting her doctor in relation to the menopause over many months. In evidence to the Coroner, her doctor stated she had no idea my wife was depressed.

I suggest that a mental health assessment should be undertaken during any consultation with a medical service as a matter of course. The medical services should have training to recognise at risk people and ensure referrals and follow ups are implemented including involving the family members so that they can be alerted to the warning signs. This is one area where privacy laws work against the well being of the individual.

**f) the role of targeted programs and services that address the particular circumstances of high-risk groups;**

We are all at risk to some degree or other so it is important that programs and services are available to all members of society.

Based upon my experience I suggest that women of my wife's age should be recognised as a high-risk group. They are exposed to many forms of stress at a time when they are potentially transitioning from child care responsibilities back into the work force and at the same time suffering hormonal changes to their bodies.

My wife worked for many years as a "casual" university teacher. Whilst casualisation may be efficient for employers there are significant downside stresses for the employee. For example, not having access to the terms and conditions available to full time employees e.g. sick leave, the feeling of being second rate and always worried about re-employment at the end of the contract.

I understand the legal profession has been recognised as at risk. The reasons for this are unclear to me but in my view the risk also extends to those who teach the law at university.

**g) the adequacy of the current program of research into suicide and suicide prevention, and the manner in which findings are disseminated to practitioners and incorporated into government policy; and**

I have noticed numerous research studies by the education community and others into suicide. I am concerned that these forms of "post event research" divert valuable resources from the prevention of suicide.

In my view, the priority should be to invest in the front line services within our society, i.e. at schools, in the work place, with general health services and within the community generally.

Information on suicide should be disseminated more broadly to the wider community, to raise awareness of the issue and, because we all have a role to play in suicide prevention. Just as road accident statistics are reported so should suicide statistics.

**h) the effectiveness of the National Suicide Prevention Strategy in achieving its aims and objectives, and any barriers to its progress.**

Based upon my own experience the **National Suicide Prevention Strategy is not achieving its aims and objectives** particularly with regard to National Mental Health Policy 2.5 Access to the right care at the right time, in particular:

- *"how to equip general practitioners with better skills and knowledge to detect, diagnose and manage mental health problems.*
- *Better linkage and coordination is needed between clinical services within the health sector to ensure that the person is not 'lost' at critical transition points."*

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