

Committee Secretary
Senate Community Affairs References Committee
PO BOX 6100
Parliament House
Canberra ACT 2600

20 May, 2010

Dear Secretary,

The following report is a submission to the Senate Inquiry of Suicide In Australia, written on behalf of the Survivors of Suicide (SOS) Support Group, Newcastle.

The SOS support group provides a support network for those bereaved by suicide. Therefore this organisation has particular interest in this Senate Inquiry.

The submission brings close attention to the social issues surrounding suicide, including the repercussions of suicide bereavement and the services available to the bereaved community.

Particular attention has been given to the primary agencies that deal with suicide and the role they play in dealing with this issue. The effectiveness of these agencies, particularly in regards to the bereaved community has been closely considered.

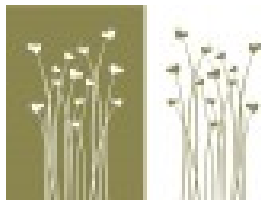
SOS Support Group founder and facilitator, Madelin Fisher aided in the research process undertaken for the report and the compiling of the final submission.

Regards,

Madeline Stevens

SOS

Survivors of Suicide Support Group



Senate Community Affairs Reference
Committee

Inquiry into Suicide in Australia

Madeline Stevens

20 May 2010

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1.0 INTRODUCTION

The Survivors of Suicide (SOS) Support Group is supportive of the Community' Affairs References Committee's Inquiry into Suicide in Australia and welcomes this opportunity to participate.

Suicide is an issue that directly affects millions of Australians. Annually, around 2, 000 people die by suicide, however a further 20, 000 are affected by the loss of a family member or friend by suicide (Lifeline Australia 2010). SOS Support Group specialises in post-vention support for those who have had a family member, partner or friend die by suicide. The group was established in 2007 by Madelin Fisher, who noticed there was a lack of services dedicated to supporting the bereaved in the community. This group directly deals with the aftermath of suicide and therefore has first hand experience in the implications that arise from suicide. The word *survivor* is used by the group to reflect the hardships faced by people who have lost someone through suicide (*SOS – Survivors of Suicide Support Group* n.d.). Many of the difficulties *survivors* face are lifelong hurdles, as a result SOS Support Group is particularly interested in issues directly affecting the bereaved community.

2.0 BACKGROUND

As a non-for-profit organisation the SOS Support Group aims to provide and advocate for services and support for the bereaved community of society. There is a clear lack of services for people who have lost someone through suicide.

The group meets on the first Wednesday of every month, where members gather in a casual setting to talk to other people who have shared the same experiences. The group meetings are a type of informal counselling, which provides a comfortable and familiar arena for people to reach out to others (*SOS – Survivors of Suicide Support Group* n.d.).

Madeline Stevens

“The group is a place where suicide, death and feelings can be openly discussed, we are all here for the same thing.”

-SOS Group Member

This group is closely linked to and supported by Lifeline Newcastle and Hunter and a representative from the organisation is present at every meeting.

3.0 RESPONSE TO TERMS OF REFERENCE

3.1 THE ACCURACY OF SUICIDE REPORTING IN AUSTRALIA

For many years researchers and academics have questioned the accuracy of suicide reporting (De Leo 2007). There is inconsistency in regards to the specification of cause of death on formal death certificates. While the process of death, for example *death by hanging, death by asphyxiation* is noted, it is rare that *death by suicide* is seen on formal death certificates. Although this is done by choice, the fact *death by suicide* is not seen on death certificates is a result of the stigmas surrounding suicide. While some conceal this fact out of pure humiliation, many people feel they have to systematically lie and there are many reasons why people would deliberately want to do this. For example many insurance companies will pay a lesser amount for deaths caused by suicide. Religious beliefs can also play a big part in why people would want to hide a death by suicide.

There are several problems that arise out of people deliberately concealing a death by suicide. SOS Support Group feels this systematic bias could lead to inaccurate suicide statistics, in turn preventing resources and research into suicide prevention been adequately carried out. Again these problems are fuelled by the social stigma surrounding suicide and facilitate the idea that suicide should not be talked about.

“The reporting of suicide would be more accurate if fewer stigmas were attached to suicide by society” (LLNH 2010).

3.2 THE APPROPRIATE ROLE & EFFECTIVENESS OF AGENCIES IN ASSISTING PEOPLE AT RISK OF SUICIDE

Police, emergency service personnel and health care personnel deal with suicide, suicidal behaviour and persons bereaved by suicide on a regular basis. However SOS Support Group feel these agencies are under resourced. In regards to the bereaved community, the police and law enforcement need to be trained in how to deal with persons bereaved by suicide, so adequate support can be given to these people.

“When the police informed me that my partner had suicided I asked, ‘what do I do now?’ and they said, ‘go see your GP’. I needed them to help me.”

- SOS Support Group Member

Many people who have been bereaved by suicide often have suicidal thoughts themselves (*You are not alone* n.d.). As police directly deal with the bereaved community, in regards to notification of death, it is imperative that they be given the information and skills to be able to point vulnerable people in the direction of help. SOS Support Group also feel other service departments, like Centrelink, would benefit from compulsory training as they too, often deal with people displaying suicidal behaviour and people bereaved by suicide.

3.3 THE EFFECTIVENESS OF PUBLIC AWARENESS PROGRAMS AND THEIR SUCCESS IN PROVIDING INFORMATION

SOS Support Group would like to point to the complete absence of regular public awareness programs. Lifeline Newcastle and Hunter has provided many years of community training with their various ASIST and safeTALK programs, however most communities are lacking programs dedicated to the social education and awareness of suicide.

“There is a great big silent divide when it comes to suicide.”

-SOS Support Group Member.

The subject of suicide is often difficult for individuals and communities to embrace and the lack of leadership in this area only facilitates the stigma and fear associated with this word.

If regular programs were put in place communities would be informed and educated about suicide, leading to a shift in how it is perceived in society. As a result more support would be given to those displaying suicidal behaviour and those bereaved by suicide.

The social stigma attached to suicide can often act as a major barrier for those experiencing suicidal ideation or their friends and family to seek help. SOS Support Group feel there is a failure of front line health workers to recognise this.

3.4 THE EFFICACY OF SUICIDE PREVENTION TRAINING & SUPPORT FOR FRONT-LINE HEALTH & COMMUNITY WORKERS

Suicide prevention is very effective, however more work needs to be done in this area. Lifeline Newcastle and Hunter have provided Applied Suicide Intervention Skills Training (ASIST) to over 750 front line health and community workers (LLNH 2010).

Suicide may be one of the leading causes of death in Australia, but no medical or allied health degree will provide professionals with the skills to prevent it. There is often the idea that university trained professionals are adequately equipped to deal with suicidal behaviour and those bereaved by suicide, however there is a lack these skills being taught in graduate education. SOS Support Group feels suicide prevention training should be mandatory in all medical and allied health degrees.

Attention also needs to be given to rural areas. Suicide rates in rural areas have increased over the last few decades, particularly in men (Life: Living is for everyone 2007). People living in remote areas are often subject to longer waiting times or forced to travel long distances in order to see relevant professionals. Mental health training should be compulsory for existing GPs, particularly those in rural areas.

3.5 THE ROLE OF PROGRAMS & SERVICES FOR HIGH RISK GROUPS

SOS Support Group recognise the bereaved community as a high risk group. The group was established because there was a lack of services dedicated to supporting the bereaved community.

SOS Support Group encourages the inclusion of the bereaved community in the research, development and implementation of programs and services dedicated to suicide and suicide awareness. There is also a clear link between prevention and

post-vention services. More attention needs to be given to supporting the bereaved community.

“Post-vention is prevention for the future.”

-Kate Munro, Lifeline Newcastle and Hunter.

4.0 CONCLUSIONS

4.1 FORMAL DEATH CERTIFICATES

The inconsistencies and systematic biases evident on formal death certificates have lead to inaccurate suicide statistics. This has been aided by the social stigma attached to suicide, the policies of insurance and superannuation companies and lengthy coronial processes.

4.2 POLICE AND LAW ENFORCEMENT TRAINING

Police and law enforcement deal with suicide and the bereaved community first hand and are significantly under resourced to be able to carry this job out effectively. Personnel of these services, as well as Centrelink, should be provided with in depth training and skills.

4.3 LACK OF PUBLIC AWARENESS PROGRAMS

A lack of public awareness programs in society has facilitated the stigmas surrounding suicide. If more permanent programs were put in place to educate and inform the community about suicide then we would see dramatic changes in society's attitudes.

4.4 SUICIDE PREVENTION TRAINING AND GRADUATE EDUCATION

Medical and health care professionals need to be trained in suicide prevention. Through this training prevention and early detection of suicidal behaviour can be achieved, as a result lives can be saved.

4.5 SERVICES FOR THE BEREAVED COMMUNITY

More attention needs to be given to the bereaved community. Persons bereaved by suicide are classed as a high-risk group, therefore programs and services must be directed at this community.

5.0 RECOMMENDATIONS

5.1 FORMAL DEATH CERTIFICATES

SOS Support Group believes proper designation of death should be clearly noted on formal death certificates and all inconsistencies should be cleared. Once this is done, accurate statistical information can be collected. Also, insurance and superannuation companies should be forced to review their provisions where death is by suicide.

5.2 POLICE AND LAW ENFORCEMENT TRAINING

SOS Support Group advocates for the provisions of skills and training to the personnel of the police, law enforcement and welfare sectors. Police, in particular should be provided with information packs to give to bereaved persons upon notification of death, so adequate support can be provided to these people immediately. Members of the SOS Support Group are in the early stages of getting this idea underway.

5.3 LACK OF PUBLIC AWARENESS PROGRAMS

SOS Support Group supports the current awareness programs regularly conducted by Lifeline Newcastle and Hunter, however the Government needs to dedicate more resources to this area. Lifeline Newcastle and Hunter's ASIST training is a great example of how effective public awareness programs can be and should be implemented on a larger scale. A whole community approach should be adopted in order to curb the stigma surrounding suicide and educate the community about suicidal behaviour and what to do when someone is displaying these symptoms.

5.4 SUICIDE PREVENTION TRAINING AND GRADUATE EDUCATION

SOS Support Groups advocates for the introduction of mandatory suicide prevention training, like the ASIST programs, into the curriculums of medical and allied health degrees. Mandatory mental health training should also be introduced for all general practitioners, particularly those servicing rural areas.

5.5 SERVICES FOR THE BEREAVED COMMUNITY

SOS Support Group advocates for the development of prevention and awareness programs, particularly for the bereaved community. As a high-risk group, the bereaved community must be included in the research, development and implementation of these programs. SOS Support Group recommends targeted programs and tangible support services, like financial assistance, access to counselling in a timely fashion and mental health assessments, should be provided for persons bereaved by suicide.

Sources

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