

“The act of committing suicide can be impulsive /error in judgement; however the stages of suicide from ideation up to execution are all in all exhaustive and consumable”

The purpose of this response is to give the reader an understanding of what it is like to contemplate/attempt to execute Suicide and the financial/emotional burden this has on the families involved and society in general. From this personal account, I will then propose some interventions which I hope will be considered as these were exceptionally beneficial in assisting me to where I am today. Subsequent therapy has also provided me with significant insight whereby I have developed a skill set to recognise the early warning signs in order for me to seek the support I require.

In writing this excerpt, I would also like the reader to know that what is documented is not indicative of my emotional state at the present time; however as confronting as this may be, I am happy to share my experience in identifying what thoughts/decisions may be with a person who is suicidal.

I was 19 when I was diagnosed with my first bout of depression. I remember being put on anti-depressants for a period of around six months yet wasn't seeking psychotherapy at the time. I was frustrated as the depression was not lifting and I remember coming up with a grand plan that I would solve it by ending my life. I then went back to my doctor whom I hadn't seen for some time and told her how well I had been and that I didn't need the medication anymore. As no one had been monitoring me, I felt that it was so easy to slide under the radar. I also remember thinking that no one would miss me and that I had nothing to live for. A few weeks after coming off the medication, I was looking for a reason to end it. I began planning where it would happen, what I would do even down to the time of day. Soon after coming off the medication, I remember having a fight with someone I was close to and I thought that's the trigger I needed to make it happen. I went to my parents medication cupboard, took out a couple of box's of Panadeine Forte and the same of my anti-depressants. It was late at night and in the middle of winter so I took my coat and drove to a local cliff. Funnily enough by the time I got there, I wasn't as agitated however I thought now that I had started this venture, I had to see it through. I sat on the cliff edge (with no regard for my safety) swallowing the pills with water. However I did have one glimmer of hope and that was Lifeline. I even remember the lady's name – Sylvia; who was asking me one question after another which I wouldn't respond to. After about 20 minutes I started to feel dizzy so she then asked me my numberplate and location however I couldn't remember my numberplate but was able to tell her where I was. Not long after, the ambulance turned up and took me to the local hospital. I remember in the ambulance (although groggy) they were 'only' interested in getting me to the hospital and that there was no comfort or support even though I was in a pretty bad state. Once at the hospital, the doctors were asking many questions even though it wasn't helping my cause that I didn't want to answer. I was then released and monitored

(via anger management) by the crisis team/local community health centre for the next 2-3 months.

In retrospect, my second bout of depression/suicidal ideation was not 'more' serious but the intent to commit the act was stronger. It started with a back injury at work (in law enforcement) whereby I had persistent and chronic pain for well over a year. A number of other contributing factors played a part, however the intent to commit suicide was less reactive and more proactive as I felt that the thoughts and planning stage provided me with a sense of freedom; the absolute closing chapter of my life. Initially the thoughts were a fantasy but I then started searching for places whereby I could execute my plans. This went on for a period of weeks as I had to get the spot right. I was quite busy visiting all different places seeing whether or not the location would get the job done. This time suicide fascinated me more. I wasn't angry nor was I looking for a reason. I was actually neutral in my emotions. I wasn't thinking about the impact on family or friends and I was ok to withdraw. However as my plans grew; nearing the final stages, I didn't want to be alone so I often spent days to weeks at friend's places where I would crash on their lounge just so I knew someone was around. I knew at that time that I couldn't trust myself to be alone. The hardest thing for my friends was if asked, I would talk about suicide as you would talk to your friend about a recent shopping experience. I lost 30 kilos in a relatively short space of time and nothing seemed to phase me. I totally lost interest in everything. I remember going to my doctor for a check up and it was she who noticed my demeanour/symptoms and referred me to a psychologist and later a psychiatrist. If the psychologist would ask me about my intentions, I would openly tell her. By that stage, I had multiple plans yet I couldn't decide which one would do the job better – gassing myself or jumping from a cliff. In a way, I wanted her to know how I was feeling as the thoughts were scaring me however I would have moments of hope/glimmer that everything would then be alright. I would then get annoyed at myself for even thinking such thoughts. It was like a yoyo of emotions (up and down) and the suicidal thoughts would come at any time of the day or night – even when there was no such trigger. I remember that having the hose/tape for my car was a safety net and it took some time for me to realise that I didn't need it. This though did not stop me visiting cliffs. I remember climbing the fence and sitting on the edge of the Gap one Friday night around 9pm (both times I felt 9pm was a good time as people weren't around these locations as much). I remember walking though past a couple of people on the way and was thinking if only they knew how I was feeling and what I was about to do. I made eye contact and smiled like I was enjoying the night out, however I felt very alone. I had visited the gap on a number of occasions prior and each time was building the determination to make it one final visit. On that night, I was sitting on the edge looking down and thinking freedom finally. So why didn't I do it?

The answer is that there was an article in the newspaper some months before talking about a recent suicide of a girl similar to me at the GAP. I remember sitting up there thinking – I bet this was her place of choice but there has to be more to life than this. To this day, whenever I

am down, the gap and a myriad of other cliffs are my safety net but I now am able to actively manage what to do so I never get to that stage again.

So how serious is a cry for help, suicide ideation, planning & execution? To be honest, there is no rating of how serious any of these are and they should all be treated with the seriousness, correct intervention inclusive of dignity and respect a person in this frame of mind deserves.

As a result my experiences, I propose the following for future/further considerations:

- 1) Further research into Personality Disorders and associations with Mental Health. For example, my first attempt was out of rejection & anger hence Borderline traits; all of which I have been working continuously on for the past 5 years. Approximately 2 years ago, I was also diagnosed with Bi Polar Disorder and more recently I have had a Mixed State episode;
- 2) Further funding for Lifeline. Plenty of organisations including government promote Lifeline on their websites, yet not enough funding is provided for this not for profit organisation;
- 3) Further consideration to increase psychologist sessions as 18 sessions may not be enough for someone contemplating suicide. For example, does someone have to have a mental health condition in order to be suicidal? Can suicide be a reactive response from a personality disorder or even losing ones job? How many people in the community are undiagnosed and do they truly know what resources / support is available to them? Finally how many of these people would actively go to their doctors? Are they scared or ashamed? It's the silent ones that miss out.....
- 4) There is growing evidence that exercise contributes to management / prevention plan for mental health yet no evidence of funding to support such. For example, I have spoken with my local gym and they subsidise seniors but not people on disability pensions or people with a mental health condition.
- 5) Consideration for all medical centres/doctors to bulk bill patients with mental health conditions (once diagnosed). I am hoping to obtain some support from my local medical centre that recently no longer bulk bills. The cost associated with managing my mental health condition is exorbitant. (Psychologist (post care plan), Psychiatrist, Chiropractor, Acupuncturist etc);
- 6) There is growing evidence that people with mental health conditions have other ailments related to stress which in turn could contribute to suicide ideation/execution.

“This could be the icing on the cake so to speak”

For example, each time I have an episode of bi polar, my back goes out hence in the last 1.5 weeks, I have spent \$220 at the Chiropractor; none of which is refundable through health insurance as this has been exhausted. Consideration to increase number of visits from doctor referral to these very useful and supportive resources;

- 7) There is a great deal of subsidy's for people who aren't able to work due to mental health conditions however the costs for those who do work have blown out of proportion – Consideration to lower Medicare levy for the mental health working person to the same as

those on pensions. This will make treatments by psychiatrists more readily available and accessible; This may incentivise others who are able to work which in turn promotes government finances to other initiatives;

- 8) Consider campaigning more on accepting mental health in the workplace. I am very open about this in my workplace (with thousands of employees); however I am mindful that people are still hesitant to speak about it for fear of retribution by an employer (even though mental health is now under the discrimination act). I am amazed since I have been diagnosed (being open about it), how many people have come to me noting that they have previously been or are currently diagnosed with a mental health condition.
- 9) Consider commencing a specifically designed mental health campaign titled “**Are You OK Mate?**” I feel that it is very dangerous when people are silent who then go under the radar to become a suicide statistic. How many times have you heard a person who has lost a friend or loved one say “I never knew anything was wrong?” This campaign could then be initiated in all types of environments – at schools, bus stops, back of toilets, work and social settings such as public parks and beaches. “Lets get people thinking”;
- 10) Further funding for research / review of other suicide hotspots. Not just the gap (cliffs) but other locations i.e. car gassing, gunshots and hangings (outside the residential environment);
- 11) Consideration to fund further research into anti-depressants and mood stabilisers and placement of existing and proposed on PBS. For example, I am paying \$110 private script for Lamictal, which is only recognised on PBS for epilepsy and not mental health although it treats such;
- 12) In my case, the second attempt was also foiled by having an animal that I loved dearly. What about carer pets for mental health patients in the hospital environment or that which is aligned to what the blind receive? Let’s also make the hospital environment friendly!
- 13) Growing evidence that music has a beneficial effect for people with a mental health / suicidal ideation. Consideration for music therapy as part of intervention strategy;
- 14) Mental Health Week – Question whether the “**Are you Ok Mate?** Campaign could be promoted here? It would be great to have the community become involved in this versus solely relying on government initiative. How many lives could be saved?
- 15) Further education about mental health in schools. I.e. what are the triggers, what can a school student do if they observe possible suicidal behaviour, who can they go to and again **Are You Ok Mate?**
- 16) Training on mental health for Police (I believe this is starting to happen) but consideration for other emergency service personnel, teachers, Transit Officers or service personnel who could encounter suicide as part of their profession;

“Finally determine what direct funding is required – to the people and indirect funding - to the cause/research.”