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## **Inquiry into Suicide in Australia**

Submission by the Health Consumers of Rural and Remote Australia

Health Consumers of Rural and Remote Australia (HCRRA) is a not-for-profit organisation which was incorporated in 1994. As a foundation member of the National Rural Health Alliance (NRHA), we are an active group involved in sharing information and developing networks with health consumers and consumer organisations throughout rural and remote Australia. We endeavour to inform policy makers at all levels of the experiences and opinions of consumers in rural and remote areas in an effort to ensure their views are taken into account in policy formation. Conversely, we also inform consumers of any Government health initiatives which may affect them.

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According to the Australian Institute of Health and Welfare, suicide ranks second behind unintentional falls as the cause of injury related deaths in Australia. It accounts for 24% of injury related deaths, significantly higher than transport injuries at 18 %.(1) Suicide rates in rural and remote areas are significantly higher than the national average and have risen over the past three decades, especially among men.(2) In all probability, the figures understate the true number of rural suicides as it is often very difficult to ascertain if a driver killed in a motor accident had, in the words of one rural resident, 'lined up the tree', which is considered to be an easy form of suicide in the bush. Clearly, any suicide prevention program must address suicide in rural and remote areas of the country.

There are many possible reasons for the higher rate of rural suicide:

- Apart from adverse economic circumstances, many rural communities have also had to deal with severe drought conditions and a consequent fall in income for both farms and associated rural businesses. Financial difficulties, bankruptcy, loss of the family farm and unemployment can all lead to depression and are high risk factors for suicide. They may also result in other problems such as the breakdown of relationships or substance abuse.
- Having less contact with family friends and other support networks can lead to social isolation which, in turn, can lead to loneliness, depression and suicidal behaviour.
- Access to community support services (including mental health) may be limited. It will be of little value if someone is convinced of the need to seek help only to discover that there is no appropriate service within a reasonable distance.
- Even where appropriate services are available, there may be a reluctance to seek help because it is seen as a sign of weakness or there is a lack of knowledge about new treatments available.
- People living in rural and remote areas may have easier access to firearms and other means of suicide.
- Confidentiality cannot always be guaranteed in small communities to the same extent it can in the city and this is a major disincentive to seek help, especially given the stigma often attached to mental health problems.

Prevention policies often tend to centre upon fairly hazy solutions – 'promoting' social networks or support structures; 'encouraging' people to talk about emotional issues; 'removing' the stigma associated with depression etc - which may be all well and good but of little value in terms of specific policy initiatives.

1. Australian Institute of Health and Welfare *Injury deaths, Australia 2004-05*,

2. Department of Health and Aging fact sheet 18.

Information and awareness campaigns need to be accessible, comprehensible and informative to those who may have only a rudimentary knowledge of health issues. Because they may have been involved with an issue for many years, it is easy for health academics and professionals to assume that consumer health literacy may be higher than it actually is. It is important that those who may feel they are suffering from anxiety or depression are told in simple, straightforward terms that treatment has improved dramatically over recent times and that simply by taking a (non addictive) pill once a day, they will, in all likelihood, feel dramatically better very quickly. The ease and privacy of treatment must be stressed as many may still assume that treatment of mental illness is a complicated process requiring therapy.

HCRRA believes that a generic message such as ‘go and see your local doc’ may be too vague to have significance for many of those who it was trying to reach. Given the particular challenges they face, there is a danger that rural and remote residents may feel they are ‘entitled’ to feel depressed and not realise they may actually be suffering from a clinical condition brought on by their circumstances. The provision of simple and accessible tools for self diagnosis or diagnosis by a family member should therefore be a high priority in combating mental illness before it takes hold.

The dissemination of information to rural and remote areas must involve using appropriate methods and or media. The Committee should be aware that the rural press plays a significant role in the bush and many publications such as The Land and Stock Journal are read cover to cover each week and the sounds of local and ABC regional radio can be heard coming from all description of tractors and other farm vehicles.

Despite the fact that there will be a percentage of people who are simply not ‘joiners’ and have no interest in participating in local initiatives, many small communities have already taken successful steps towards improving health in their local area and this work should not be ignored. Service clubs such as Rotary and Apex, for example, often have men’s nights, which could be used to discuss specific health issues including mental health; Men’s Sheds is a local movement designed to re connect men, often living in outlying areas, with their community and so on. Rather than come up with too many new initiatives, we may well be better served by simply ensuring that those programs which are working effectively and have already built up relationships, both with individuals and within government, receive support and are encouraged to expand.

Importantly, these local programs and others like them may vary greatly between regions, and it would be prudent to ensure that any policy initiatives allow for a significant degree of flexibility and local input.

HCRRA believes that that National Preventative Health Strategy should be expanded to include mental health and suicide prevention. While it may be appropriate to reduce the burden of disease in the long term by encouraging lifestyle changes, we could produce immediate results through concentrating on areas such as mental health where specific remedies already exist.