

## 2013/19: is Australia doing enough to prevent youth suicide?

### What they said...

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Dr Michael Carr-Gregg, a child and adolescent psychologist

*'Our lack of conversation around the topic has only endorsed the silence that surrounds our young people who often feel too ashamed... to put up their hand and ask for help'*  
Dr Patrick McGorry, a youth mental health expert

### The issue at a glance

During the third week of November, 2013, there was a coronial inquest into the suicides of three high school students in Geelong. The issues raised by these deaths included the psychological resilience of teenagers and the role of the mainstream media in reporting suicide.

Attempts to reduce Australia's suicide rate, including suicide among young people, were a key focus of the former Labor government; however, critics have maintained there is more that needs to be done.

On September 26, 2013, the Expert Reference Group on Mental Health Reform issued a statement calling on the new Coalition federal government lead by Tony Abbott to set a range of ambitious targets in the area of mental health. One of these is to reduce the suicide rate by ten percent over the next four years.

### Background

(In January 2013, the Gillard Labour Government issued a policy statement on mental health in Australia titled, 'Mental health: taking action to tackle suicide'. The information and value statements reprinted below are taken from the preamble to this policy statement.

The full text of the document can be accessed at <http://www.mhfa.com.au/cms/wp-content/uploads/2013/01/Taking-Action-to-Tackle-Suicide-ALP-2010.pdf>)

#### *Some information about suicide in Australia*

Suicide is a national tragedy that has devastating impacts on individuals, families and communities. On average, around six Australians take their own lives each day. Attempted suicide is also a serious issue in Australia: more than one in eight Australians has thought about taking his or her own life, 4 per cent have made suicide plans and 3.3 per cent have attempted suicide during their lifetime. The social and financial costs of suicide are substantial. The human cost is incalculable.

More than 2000 Australians each year take their own lives. This is more people than die in the national road toll each year. Australian Bureau of Statistics (ABS) data from the past decade suggests an overall decline in suicide rates, but mental health experts have expressed concern about the accuracy of the ABS data. Irrespective of the precise number, any suicide is one suicide too many.

Some groups in our community are at much higher risk of suicide than others. Men are much more likely to take their own lives than women: men account for around 75 per cent of suicide deaths in Australia. Other groups, including Indigenous Australians, people in rural and remote areas, gay, lesbian bisexual and transgender people, and children and young people are also at greatest risk.

While men account for three-quarters of deaths from suicide, an estimated 72 per cent of males do not seek help for mental disorders. This is because of the stigma associated with mental illness, and because men are more likely to think they need to 'tough it out'. Men also often turn to alcohol to mask the symptoms of mental illnesses such as depression.

Many of our children and young people have mental health or serious behavioural problems. About one in seven children aged 4 to 14 years are estimated to experience a mental health condition in a year, with one in ten children having a long term mental or behavioural condition. These problems can include behavioural problems as well as conditions such as anxiety and depression.

### Internet information

On November 21, 2013, the ABC's 7.30 Report ran a segment titled 'Inquest highlights fight against teen suicide's devastation'. The report looks in detail at the circumstances surrounding and responses to the suicides of three high school students in Geelong.

A full transcript can be accessed at <http://www.abc.net.au/7.30/content/2013/s3896526.htm>

On November 10, 2013, The Age published an analysis titled 'Debate surrounds the headspace model of mental health services'. The article looks at the arguments for and against the early intervention model for dealing with adolescent

mental health issues and also at the debate surrounding the mode of delivery.

It can be accessed at <http://www.theage.com.au/national/debate-surrounds-the-headspace-model-of-mental-health-services-20131109-2x8lf.html>

On October 27, 2013, The Age published an opinion piece by Chris Tanti titled 'Early intervention key to getting a grip on mental health woes'. Chris Tanti is the chief executive officer of Headspace (Australia's National Youth Mental Health Foundation) and in this piece outlines the success of this means of addressing mental health issues among the young. The full text of this comment can be accessed at <http://www.theage.com.au/comment/early-intervention-key-to-getting-a-grip-on-mental-health-woes-20131026-2w8kf.html>

On September 26, 2013, Radio National's PM aired a broadcast titled 'Mental health experts lobby for new suicide prevention targets'

The report details the request of the Expert Reference Group on Mental Health Reform that the Coalition government establish new targets in areas such as suicide reduction. The full text of this report can be accessed at <http://www.abc.net.au/pm/content/2013/s3857201.htm>

On September 3, 2013, ABC News ran a report titled 'Coroner told teen suicide victim Michaela Mundy had waited more than a year to see a psychiatrist'.

The full report can be accessed at <http://www.abc.net.au/news/2013-09-03/coroner-told-teen-suicide-victim-waited-more-than-a-year-to-see/4931888>

On September 2, 2013, The Conversation published a comment by Ian Hickie, Professor of Psychiatry at University of Sydney, titled 'Mental health is largely missing from the election campaign'. The comment is critical of the policies announced from both the major political parties.

The full text of this comment can be accessed at <https://theconversation.com/mental-health-is-largely-missing-from-the-election-campaign-17684>

On March 13, 2013, The Conversation published a comment by Samantha McPhredran, Senior Research Fellow, Australian Institute for Suicide Research and Prevention, National Centre of Excellence in Suicide Prevention at Griffith University, titled 'Reducing access to the means of suicide'. The comment considers the circumstances under which reducing access to means of committing suicide is likely to be effective.

The full text of this comment can be found at <https://theconversation.com/reducing-access-to-the-means-of-suicide-11748>

The Labor government's mental health policy statement issued in January 2013 and titled 'Mental health: taking action to tackle suicide' can be accessed at <http://www.mhfa.com.au/cms/wp-content/uploads/2013/01/Taking-Action-to-Tackle-Suicide-ALP-2010.pdf>

On September 14, 2012, The Conversation published a comment by Kairi Kolves, Senior Research Fellow, Australian Institute for Suicide Research and Prevention, National Centre of Excellence in Suicide Prevention at Griffith University, titled 'The facts about safe reporting of suicide'. The comment discusses a range of views on the manner in which the media should report on suicide.

The full text of this comment can be accessed at <https://theconversation.com/the-facts-about-safe-reporting-of-suicide-9501>

Headspace (Australia's National Youth Mental Health Foundation) aims to help young people aged 12-25 who are going through a tough time, providing support for problems like depression, anxiety, bullying and body image.

It has centres across Australia and an online chat, telephone and email services. The organisation's homepage can be accessed at <http://www.headspace.org.au/>

The Royal Children's Hospital has an Internet information page on youth suicide and its prevention. This site can be accessed at [http://www.rch.org.au/cah/research/Youth\\_Suicide\\_in\\_Australia/#prevention](http://www.rch.org.au/cah/research/Youth_Suicide_in_Australia/#prevention)

The Australian Press Council's guidelines covering the reporting and discussion of suicide can be accessed at <http://www.presscouncil.org.au/document-search/standard-suicide-reporting/>

On August 2, 2011, The Australian ran a report on the Australian Press Council's revised guidelines for the reporting of suicide.

This report can be accessed at <http://www.theaustralian.com.au/media/journalists-guidelines-on-suicide-to-shed-light-on-reporting-taboo/story-e6frg996-1226106256366>

In 2005 the Australian government has issued a fact sheet supplying information on suicide in Australia. This information can be accessed at [http://www.responseability.org/\\_\\_\\_data/assets/pdf\\_file/0012/4800/Some-Myths-and-Misconceptions-about-Suicide.pdf](http://www.responseability.org/___data/assets/pdf_file/0012/4800/Some-Myths-and-Misconceptions-about-Suicide.pdf)

In 2003 child psychologist Dr Michael Carr Gregg wrote a paper arguing that certain forms of direct education about suicide offered within schools could be dangerous.

The full text of this paper can be accessed at [http://www.psychology.org.au/publications/inpsych/suicide\\_industry/](http://www.psychology.org.au/publications/inpsych/suicide_industry/)

### **Arguments suggesting Australia is doing enough to prevent youth suicide**

1. There are extensive community and professional supports available to help prevent youth suicide

There is a wide range of groups and organisations dedicated to helping to reduce suicide, including youth suicide, in Australia. These include Suicide Prevention Australia, The Inspire Foundation, Youth Beyondblue, Twenty10, Principals Australia, The Black Dog Institute, Headspace, AISRAP, Carers Australia, Youth Focus and Lifeline.

The Department of Education, Employment and Workplace Relations directly delivers a number of programs that address disadvantage for young people and thus attempt to address some of the preconditions for youth suicide.

Youth Connections Providers strengthen services for at risk young people and ensure that providers of other services in a region are connected and young people are able to access help when they need it, regardless of their institutional context, including high school, tertiary studies and Vocational and Educational Training programs.

The Gillard government's 2011 budget committed a record \$2.2 billion to mental health. A quarter of it went to a national rollout of headspace - one-stop shops for young people with mild to moderate problems, and specialist early psychosis prevention centres.

In June 2013 the Australian Government announced it was investing \$491.7 million over five years for the expansion of youth focused early intervention models to help prevent youth suicides, such as the expansion of Headspace to 90 sites nationally.

More than 100,000 young people have received help since the first Headspace centre opened in 2006, with surveys showing 86 per cent were satisfied with their experience, while 56 per cent had a reduction in their psychological distress after three sessions.

It has also been claimed that the extent of the problem of youth suicide is sometimes overstated. The highest risk of suicide occurs in men in their thirties and forties. Compared with other age groups, those aged 15 to 19 have low rates of suicide - about 12 people per 100,000 in this age. Suicide rates in teens have been dropping since 1998.

2. Schools have programs to address many of the factors that can trigger suicide

There are a significant number of programs being operated in schools designed to increase young people's wellbeing and resilience.

The KidsMatter Primary program is a mental health program targeting primary and pre-primary school aged children. The program is being expanded with the investment of \$27.9 million from the federal government over five years, under the Taking Action to Tackle Suicide package. This program aims to support mental health promotion, prevention and early intervention for all children through universal evidence - based school and early childhood programs. This additional investment will assist schools to help children to develop social and emotional skills, and create a supportive school environment.

A similar program, MindMatters, operates in Australian secondary. MindMatters is a mental health promotion, prevention and early intervention initiative. It provides resources for classroom use, training for teachers, support for school leadership and strategies and resources to increase student's awareness of mental illness, reduce stigma and increase help-seeking behaviours.

In addition, the National School Chaplaincy and Student Welfare Program workers regularly deal with issues relating to disadvantage in the school setting. It is a requirement of this program that workers are able to refer students to appropriate support services as required.

Some experts have challenged the idea that schools need programs to deal specifically with suicide. The proposal has been put by Suicide Prevention Australia.

Dr Michael Carr-Gregg, a child and adolescent psychologist, has stated, 'We've adopted a policy for as long as I can remember, that basically says let's talk about suicide in terms of what leads up to it, which, of course, is, by and large, mental health problems; so suicide is the outcome of what happens when you don't treat it.

My view has been that we've been doing that very successfully for the last 15 years or so - the suicide rate is come down. I see no reason at all why we should change our policy and I would urge schools to stick to their original idea and ignore the advice from Suicide Prevention Australia.'

3. There are protocols governing how the media treats suicide

In August 2011, the Australian Press Council issued a revised set of guidelines to assist the Australian media in determining how to deal appropriately with reporting on suicides and in treating the issue more generally.

Among these guidelines is the direction that in deciding whether to report an individual instance of suicide, consideration should be given to whether at least one of the following criteria is satisfied:

a) reporting the death as suicide is clearly in the public interest; or

b) clear and informed consent has been provided by appropriate relatives or close friends; or

c) no appropriate authority (such as the police, a school principal or public health authority) has requested that the report be withheld or delayed to avoid a high risk of inducing further suicides.

Thus the media is being advised to exercise discretion in the reporting of individual suicides so as not to cause additional distress to family members and friends and so as not to run the risk of encouraging copycat behaviour which

would put further lives at risk.

Specialists have indicated that there needs to be a balance struck between raising awareness of the issue and not prompting further loss of life.

The chairman of the Press Council, Professor Julian Disney, stated, 'There should not be a taboo on reporting of this kind... It is important that the reporting is responsible but the general discussion of issues relating to suicide can be beneficial.'

The professor went on to caution, 'It is important to be very careful, however, when the material is likely to be read or seen by people who might be especially vulnerable - for example, because of their age or mental health - and relates to suicides by their peers or by celebrities.'

#### 4. Laws and regulations restrict access to means of suicide

Australia has taken a number of steps to reduce access to methods of committing suicide. One of these was the detoxification of domestic gas when toxic charcoal gas was replaced by non-toxic natural gas. This resulted in a decline in the suicide rate from between 19 to 33%.

Suicide rates are higher in countries with lax gun control and the proportion of households owning firearms is strongly related to the proportion of firearm suicides. A significant decline in suicides among women ranging from 20 to 64 years and among men older than 20 years of age was seen in Australia following enactment of stringent firearm laws in 1996, which specified safe storage regulations and a 3-day waiting period for firearms, and which also required purchasers to be 21 years of age, undergo a background check and psychological testing, and specify a reason for firearm ownership.

Suicide from sedative overdose increased when the drugs were easier to get and declined when access was restricted. There are now stricter limits placed on many potentially toxic or addictive medications to limit their improper use.

Erecting barriers and installing nets at bridges known to be potential suicide locations is effective in reducing suicide rates, in some cases by as much 50%. Barriers at jumping sites are thought to work in two ways. Firstly, they restrict access for the person attempting to commit suicide and secondly, they allow more time for the public or staff to intervene, or for someone to simply change their mind. For many people, suicidal thoughts or feelings can be fleeting and a simple barrier or interruption can be enough to save a life.

Barriers have been installed at a number of suicide locations across Australia, including The Gateway Bridge in Brisbane, the Mooney Mooney Bridge and Long Gully Bridge in New South Wales and the West Gate Bridge in Melbourne.

#### 5. The impact of the social media in this area is beginning to be utilised positively

Defenders of current efforts to reduce the incidence of youth suicide have argued that while media coverage and access to means of death can be regulated to a significant degree, it is far harder to control the impact of social media in this area. Despite this, efforts are beginning to be made to use social media as a positive influence to bring about a reduction in youth suicides.

Headspace has made a number of observations on the possibility of regulating social media after a suicide. The advisory group has stated, 'This new and evolving form of communication can cause anxiety for parents and school staff. In the emotion-charged atmosphere that follows a suicide, schools may be inclined to try to control this kind of student interaction. This is almost impossible, given that most communication takes place outside of school hours and away from the school itself.'

However, Headspace has suggested, 'Schools can...utilise social media to promote suicide prevention, mental health and distribute other important information to students and the broader school community.'

Although schools may consider social media to be outside of their traditional jurisdiction, they can collaborate with students to distribute important and accurate information to the student community using social media. This may include sharing resources about mental health or other support services and promoting suicide prevention messages.'

Chris Tanti, the chief executive officer of Headspace, has stated, 'They are talking to their friends on Facebook and often the news [of a suicide] will spread through Facebook, not through printed media. So I think it's important that group is included in the conversation about how we monitor, regulate, discuss, convey these views, because if we're excluding social media, then we're excluding what all young people use.'

### **Arguments suggesting Australia is not doing enough to prevent youth suicide**

#### 1. Suicide is a leading cause of death among young Australians

Suicide is a leading cause of death among young people, second only to motor vehicle accidents. Suicide rates among 15-24 year old males have trebled between 1960 and 1990. In remote rural Australia suicide rates for young males are nearly twice those of males living in capital cities. Suicide is rare in childhood (that is, among those less than 14 years of age) but becomes much more common during adolescence. The rise in suicide is most rapid between the ages of 15 and 19 years but there is a further increase between the age of 20 and 24 years.

For youth aged 15-24 years, suicide accounts for 20% of all deaths.

Rates of suicide in Indigenous communities have been increasing since the 1970s. The majority of Aboriginal people who suicide are under the age of 29. Overall, the suicide rate in Indigenous communities may be 40% higher than the rate of non-Indigenous suicide.

Suicide has biological, cultural, social and psychological risk factors. The connection between mental disorders and

suicide is particularly strong. Serious mental illness such as depression, substance abuse, anxiety disorders and schizophrenia are strongly associated with increased risk of suicide.

The Child and Adolescent component of the Australian National Survey of Mental Health and Wellbeing reported in 2000 that 14% of children and adolescents (14-17 years) experience mental health problems. The national survey also reported that that adolescents with mental health problems report a high rate of suicidal thoughts and that 12% of 13-17 year olds reported having thought about suicide, while 4.2% had actually made a suicide attempt.

## 2. Young suicidal Australians either do not receive or have to wait too long for psychiatric help

Only one out of every four young persons with mental health problems receives professional health care. Even among young people with the most severe mental health problems, only 50% receive professional help with parents reporting that help was too expensive or they did not know where to get it, and that they thought they could manage on their own.

There have been complaints in individual cases that depressed teenagers have had to wait too long for appropriate psychiatric treatment. In September 2013 it was reported that an Adelaide teenager who subsequently took her own life had been a waiting list to see a psychiatrist for over a year.

Similarly it was reported in November 2012 that there was a six month waiting list for places at the Barrett Adolescent Centre in Queensland.

In 2006 a report was published by a Senate Committee which had investigated the state of mental health in Australia. It made the following comments regarding access to psychiatric help, 'Access to psychiatrists is...very limited. The Australian College of Psychological Medicine (ACPM) submitted that private psychiatrists were largely inaccessible because few bulk-billed, most are located in metropolitan areas and too few psychiatrists are employed in the public sector. ACPM pointed out: "Most [public psychiatrists] are too busy coping with acute crises to be able to become pro-active in prevention and early intervention. Most have no time to deal with the high prevalence disorders such as anxiety, depression, personality disorders and drug abuse, in the main treating the individually very demanding schizo-affective range of disorders."

The report further notes, 'There is clearly a discrepancy between the available psychiatric workforce and the mental health needs of the population. Dr Martin Nothling, a psychiatrist representing the Australian Medical Association (AMA), said this shortage translated into long waits for patients to see psychiatrists: "...in many cases there can be delays of weeks or months before someone can be seen because psychiatrists are literally so busy."

## 3. There is a general reluctance to discuss issues surrounding suicide

Some teachers, doctors and others in Australia and elsewhere are reluctant to discuss suicide with depressed young people for fear it could foster feelings of completing or thinking about the act. However a study published in the May 2011 issue of the British Journal of Psychiatry indicates that this fear is unwarranted.

An initial survey found that 100 family practitioners did not like to ask patients about suicide because they felt doing so might make the patients feel worse. A follow-up survey with patients found that the doctors' fears of adverse results from having their patients discuss their suicidal thoughts were unfounded.

Youth mental health expert Dr Patrick McGorry has stated, 'As a society we have been reluctant to talk about suicide for fear it will inspire "copy cat" behaviour.

We have warned off journalists and editors who believe that the issue cannot be routinely covered.

As a result the media has failed to bear witness to the corrosive effects of these daily deaths on the family and friends of those who take their lives.

Our lack of conversation around the topic has only endorsed the silence that surrounds our young people who often feel too ashamed, too guilty and too stigmatised to put up their hand and ask for help.'

Dr McGorry has further suggested, 'If a young person does feel suicidal it is likely that they are frightened by these feelings.

But so are their peers and parents.

The taboo colludes with the natural desire of parents and friends to hope for the best and assume all is well even though real clues are present.

By asking a young person about these feelings we will give them permission to talk, and in most cases they will feel relieved and better able to overcome periods of suicidality.'

In an article published in The Drum on November 11, 2011, Richard Parker wrote about the importance of those with suicidal impulses being able to talk about their feelings. 'I experienced a terrible, awful low in my life and I failed to seek out the right kind of help. But by talking about my experiences, even now, I feel I can let some air into the basement... and hopefully contribute something meaningful to a conversation about suicide that I believe we simply need to have.'

## 4. The media sometimes sensationalises instances of youth suicide prompting copycat behaviour

There have been complaints of media outlets sensationalising suicides and risking prompting copycat deaths.

In a recent instance of three Geelong teenagers who took their own lives over a short period in Geelong in 2009 it has been suggested that the media behaved irresponsibly.

Jeff Kennett, the chairperson of Beyondblue has stated, 'We had complaints from family members, we had complaints from the school that some of these journalists were behaving reprehensibly in terms of the suffering that these families were going through at the time, but also it was as though they were actually promoting the deaths.'

Chris Tanti, the chief executive officer of Headspace, has similarly stated, 'Suicide is particularly problematic [area for

reporting]and one of the concerns that we in the sector have is that other people, as a result of that reporting, don't go on to take their own lives. And so I think there are ways of talking about suicide that minimise the likelihood that others will, in turn, take their own lives.

Available research suggests that irresponsible media reports can provoke suicidal behaviours. This is referred to as the 'Werther effect'. A strong modelling effect of media coverage on suicide is influenced by age and gender, with vulnerable adolescent girls being particularly at risk.

Media reports are not representative of official suicide data and tend to exaggerate sensational suicides, for example dramatic and highly lethal suicide methods, which are rare in real life.

Dr Michael Carr-Gregg, a psychologist specialising in treating adolescents at Melbourne's Albert Road Centre for Health, believes the impact is substantial, warning that inappropriate media coverage can 'romanticise, glamorise, sanitise and normalise' suicide.

A United States sociologist, Dr Steven Stack, has stated, 'A second (explanation of the impact of the media on suicides) is differential identification with models - in particular, celebrities or well known people who represent the realm of the "superior".' Research identified by Dr Stack has shown that media stories detailing celebrity suicides are 14 times more likely (compared to media stories of non-celebrity suicides) to generate a copycat effect. The media has a responsibility to report on the suicides of celebrities with discretion to minimise this copycat effect.

#### 5. Schools are not doing sufficient to address the issue

It has been suggested that though schools are taking action to address the issue of youth suicide, that currently not sufficient is being done.

In 2010, the then Labor government declared, 'Tragically, an estimated 2-3 high school aged young people die by suicide each week in Australia. As well as doing as much as possible to reduce the incidence of young people taking their own lives, it is critically important to ensure appropriate support is in place for school communities affected by suicide-to support young people whose schoolmates have taken their own lives, and to reduce the chances of 'copycat' suicides.'

Dr Martin Harris, who is on the board of Suicide Prevention Australia, has suggested that a suicide prevention program should be considered as part of the new national curriculum.

'I think it ought not to be the prevail of a particular teacher, but it ought to be a program which is embraced in a robust way by a school when they think they're ready to do it.'

The Gillard Labor government considered that there was a special need among aboriginal children that was not being addressed. The government declared that community leaders need to be trained to better identify and respond to suicide, and activities to better build resilience and positive mental health-for example, in Indigenous communities, brokering visits by elders from communities that have successfully responded to suicide clusters in the past to communities currently experiencing a spate of suicides, to help these communities build their own responses to their community circumstances.

#### Further implications

(The following advice is taken from the Lifeline information site. The site can be accessed at <http://www.lifeline.org.au/Get-Help/Facts---Information/Preventing-Suicide/Preventing-Suicide>)

#### Are you thinking about suicide?

Get help! You are not alone. Call Lifeline 13 11 14 or 000.

Just by reading this, a part of you is looking for ways to live and to get help for problems in your life. It is not uncommon to feel this way and lots of people have suicidal thoughts and are able to work through them and stay safe.

Thoughts and feelings of ending your life can be overwhelming and very frightening.

It can be very difficult to know what to do and how to cope, but help is available.

Contact Lifeline (available 24/7)

Talk to someone you trust - you don't have to go through this alone. Tell them how you feel - and that you are thinking of suicide. Ask them to help you keep safe.

Get help and support to stay alive - contact a helpline, your GP, a counsellor, psychologist or psychiatrist, a hospital emergency department, minister, teacher or anyone you trust to keep you safe.

If life is in danger - call emergency services 000

#### Why does someone consider suicide?

Life can be painful and problems can seem overwhelming at times. Some people may think about suicide but do not act upon it. For others, suicide seems like the only way out of their situation or the feelings they are experiencing. They generally feel very alone and hopeless. They believe nobody can help them or understand what they are going through. Almost everyone who takes their own life gives some clue or warning. Never ignore suicide threats. Take people's suicidal thoughts and feelings very seriously and help them find effective help.

#### What can you do to prevent suicide?

Reach Out - Ask them directly if they are thinking about suicide. It needs to be a direct question that can't be misinterpreted. "Are you thinking about suicide?"

Most people with thoughts of suicide want to talk about it. They want to live - but desperately need someone to hear their pain and offer them help to keep safe.

Don't be afraid to ask them if they are thinking about suicide. This shows you care and they're not alone. Listen to them - Allow them to express their feelings. Let them do most of the talking. They will often feel a great sense of relief someone wants to talk to them about their darkest thoughts.

Check their safety - If you are really worried don't leave them alone. Remove any means of suicide including weapons, medications, drugs, alcohol, even access to a car. Get help by calling Lifeline 13 11 14, or emergency services on 000. You can also take them to the local hospital emergency department.

Decide what to do and take action - Talk about steps you can take together to keep them safe. Don't agree to keep it a secret; you shouldn't be the only one supporting this person. You may need help from someone else to persuade them to get help. You can also help by finding out information on what resources and services are available for a person who is considering suicide.

Ask for a promise - Thoughts of suicide may return, so ask them to promise to reach out and tell someone. Asking them to promise makes it more likely they will tell someone.

Get help - There are lots of services and people that can help and provide assistance...Seek support from family and friends, youth group leader, sports coach, priest, minister or religious leader etc.

In some situations they may refuse help and you can't force them to get help. You need to ensure the appropriate people are aware of the situation. Don't shoulder this responsibility yourself.

### **Newspaper items used in the compilation of this issue outline**

AGE, September 14, 2013, page 6, news item (ref to depression and adults in professions) by Jane Lee, 'Judge tells of depression struggle in bid to help many in legal circles'.

<http://www.theage.com.au/victoria/judge-tells-of-depression-struggle-in-bid-to-help-many-in-legal-circles-20130913-2tqci.html>

H/SUN, September 30, 2013, page 22, comment / personal experience by former educationist Kevin Donnelly, 'Opening up keeps black dog of depression at bay'.

<http://www.heraldsun.com.au/news/opinion/opening-up-keeps-black-dog-of-depression-at-bay/story-fni0ffsx-1226729473115>

AGE, September 30, 2013, page 21, analysis (links depression to seasons) by Melissa Davey, 'Case of seasonal sadness'.

<http://www.smh.com.au/lifestyle/life/the-truth-behind-seasonal-sadness-20130925-2ue8i.html>

AGE, October 8, 2013, page 8, news item (contains statistics - ref to young and older professionals, like doctors) by Dan Harrison, '(Medical students and) Doctors more likely to get depressed'.

<http://www.smh.com.au/national/health/doctors-more-likely-to-get-depressed-20131007-2v4kl.html>

AGE, October 20, 2013, page 1, news item (ref to Headspace service) by Jill Stark, 'Youth "at risk" in health move'.

<http://www.theage.com.au/national/youth-at-risk-in-health-move-20131019-2vtxv.html>

AGE, October 27, 2013, page 15, comment (ref in part to Headspace) by Chris Tanti, 'Early intervention the key to getting a grip on mental health woes'.

<http://www.theage.com.au/comment/early-intervention-key-to-getting-a-grip-on-mental-health-woes-20131026-2w8kf.html>

AGE, November 11, 2013, page 16, interview with bereaved parents by M Short, 'Breaking the silence'.

<http://www.theage.com.au/national/breaking-the-silence-over-suicide-20131110-2x9pa.html>