

Inside Trauma



A Word from the Editor

The tragedy of Youth Suicide is an indictment of our society. Why are we failing the most vulnerable? The following articles address the Risk Factors, some thoughts about Suicide Prevention, The Issues for Survivors of Suicide and an article which puts the case for allowing a Personal Choice for Suicide.

There are many theories concerning the reason why a young person may choose to die rather than endure the perceived problems of continuing to live:

- lack of self-esteem
- relationship problems, family, friends, girl/boy friends
- perceived personal defects/ don't fit the desired image depicted by T.V./ Newspaper



There are as many theories as there are suicides.

The over-riding factor is the individual's inability or unwillingness to continue in a situation which is seen to be too unhappy and/or overwhelming to be endured. Despite all the support services available, the rate of

suicide is not declining. There is a stigma attached to 'needing help', an expectation that we should be able to cope with all aspects of our own lives, that we are inadequate if we need to ask for help. Advertising promotes continual happiness as an achievable goal for all. Parents spend a great deal of time and money trying to ensure that their children have all their needs and wants satisfied. Those of us who are older know that every life has its share of suffering and sadness and that it is OK to be sad and distressed at stages of our life. We learn from these experiences and develop the strength to persevere and then enjoy the good times. This is not always easy.

There is an article in the Age, November 13th, 2012 by Ben Schneiders which presents thought-provoking facts and reflections which highlight the problems that survivors of suicide experience. Those who wish to choose the time and manner of their death, will meet with serious opposition. e.g. Legal, Moral, Religious and Ethical problems abound.

This Newsletter does not seek to explain, condone or condemn any behaviour, it just attempts to provide information and to stimulate thought and discussion of the topic. That a young person should feel unable to persevere is very sad-for him/her, the family and friends and the broader community. This Topic was chosen because in discussion with many people, we found that everyone knew or knows of a person who had committed suicide.

Mary Casey

Clinical and Educational Supervisor of Trauma Centre Australia

Inside Trauma Newsletter

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Risk Factors for Youth Suicide: The pressures of a modern era.

To date, we are yet to identify a defined group of characteristics or circumstances that precipitate suicidal thoughts and behaviours. There have been significant gaps in the understanding of childhood suicide. In Australia, these gaps are due in part to suicides often being classified as accidents, and a reluctance to publicly report the suicides of children under 15 years of age (Australian Bureau of Statistics, 2009). In fact, Australian Suicide rates from 2002-2007 were conservatively 30%-40% under-reported (Harrison, Pointer & Elnour, 2009) indicating that despite any fluctuation in reported suicide rates, these terrible events still remain a significant concern.



Although suicide is a complex human behaviour that cannot easily be predicted, an array of interrelated factors has been shown to contribute to it. Most Australian studies on youth suicide largely focus on mental health issues, child abuse, family conflict, violence and drug and alcohol use. Despite this, more attention needs to be given to risk factors that are less publicised.

The discussion paper 'Reducing Youth Suicide in Queensland' (Commission for Children and Young People and Child guardian, 2009) found that young people who know someone who has died by suicide are at a greater risk of suiciding or attempting suicide themselves. Some of the highest warning signs proved to be if the young person either belonged to the family of the person who suicided, went to the same school or was part of the same circle of friends, or was involved in the police investigation following the death.

Additionally, the use of media and technology such as mobile phones, television and the internet are cause for great concern for young people. Some television programs may promote suicidality by displaying graphic depictions of these events. There is also the problem of young people feeling comfortable with divulging personal information via the internet through social networking sites such as Facebook and Twitter. These networks present many potential risks associated with cyber-bullying and cyber-stalking through pornographic imagery and derogatory harassing comments, online 'pro-suicide' resources and online suicide pacts between certain members of particular networks.

Australian research publication on those risk factors mentioned is limited. Further investigation is needed to increase the ability to accurately identify high risk groups. The level of pervasive risk within a group must be appreciated in order to understand the sometimes minor incidents that often trigger suicide.

Tiare Stewart
Post Graduate Counsellor

“ But in the end one needs more courage to live than to kill himself”

(Albert Camus)

“Did you really want to die?”

“No one commits suicide because they want to die.”

“Then why do they do it?”

“Because they want to stop the pain.”

(Tiffanie DeBartolo)

Where to get help:

- Trauma Centre Australia (03) 9205 9488
- SANE Australia Tel: 1800 18 SANE (7263)
- Lifeline Tel. 13 11 14
- Kids Help Line Tel. 1800 551 800
- Your Doctor
- Community Health Centres



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PUZZLES

Take one letter away each time and make a new word

STARTLING

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I

How many words of 4 letters or more can be made from;

PREVENTION

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Suicide Prevention is not a Cure

Suicide is a tragic event that has far reaching consequences for everyone. The best way to approach youth suicide prevention is by a multi-prong approach. By doing so, youth suicides are addressed in a number of different ways, using different media to educate and encourage youth to discuss their issues.

Schools can help discourage youth suicide through the creation of a supportive environment and which incorporates life skills into the curriculum (Carr-Gregg, 2003). Education about suicide within a school setting needs to be improved as there is a lack of evidence towards the effectiveness of current school based education with such school programs needing to be tailored to minimise the risk for students with suicidal ideations (Carr-Gregg, 2003).

Telephone counselling services such as Lifeline and Suicide Line provide 24 hour 7 day a week professional counselling to youth

who are experiencing all types of issues within their lives. By having this service available, youth are able to reach out and discuss their suicidal thoughts with others which may prevent the act taking place.



The media can be used as a positive tool towards the prevention of youth suicide. The Australian Press Counsel sets out strict guidelines on suicide reporting to prevent the trivialising, the glamorising or the stigmatising of the issue of suicide. The guidelines also outline how the media provides information to the public about suicide warning signs and how public awareness about suicide is promoted.

Furthermore, media coverage of services such as Beyond Blue and 'R U Ok Day' provide increased awareness of suicide in the community, promoting more education and less stigmatisation towards the topic. Australia is one of the only countries to have introduced a law against pro suicide websites. The *Criminal Code Amendment (Suicide Related Material Offences) Act 2005 states that it is illegal to encourage an individual to commit suicide and provide instructions in relation to methods for committing suicide with the aim of reducing suicide rates.*

However, even with all these prevention methods in place, youth suicide is still an occurring tragedy in our culture. Prevention methods that are currently in place are not dealing sufficiently with all the facets of youth suicidal ideation. That is not to say that youth suicide is a horrible tragedy that can completely be eradicated from Australian culture. Instead, prevention needs to be a more concrete aspect within the education system, throughout the media and the health care profession.

For more information or if you are requiring help, please contact Trauma Centre Australia, Lifeline, Suicide Line or Beyond Blue.

Jessica Price
Post Graduate Counsellor

Survivors of Youth Suicide

The death of a child or young person by suicide is a tragedy. It is a harrowing loss for a family and friends. Some of the primary stages of bereavement include; shock, confusion, emotional withdrawal, depression, loneliness, eating and sleeping disturbances and guilt. Survivors of suicide can feel strong levels of anger towards the person who took their own life, as well as those who are perceived to have contributed to this action, such as peers or adults. Family and friends struggle with the "Why?" question. It is difficult to understand why a young person, who has so much of life in front of them, decides that they should end it. Families affected by this will inevitably reflect over signs or clues they possibly missed. They may ask themselves "Why didn't someone do something?", "Why did someone put pressure on them?", but there are no answers to these questions. A sense of isolation is a common occurrence because of self-imposed shame and feelings of responsibility.

Family members need to be able to be supportive of each other as well as respecting each other's space. Younger people often will express their feelings differently from adults. Their grieving process will occur in 'bits and pieces' and at times they will act as if everything is fine. Suicide will need to be discussed in a way that is appropriate for their age and it is important to let them know that it was not their fault. If an adult is unsure of how to deal with this issue with younger persons, speaking with a bereavement counsellor could be an option for advice. The jury is still out on the benefits of actual bereavement counselling, and family and friend support is seen as most appropriate. In supporting families who have lost a child to suicide, there is limited understanding on treatment schemes. It has been discussed that the family's General Practitioner is the best first point of call.

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*Andrew Thompson
Post Graduate Counsellor*



"The thought of suicide is a great consolation: by means of it one gets through many a dark night." (Friedrich Nietzsche)

"Sometimes even to live is an act of Courage."

(Seneca)

"When people kill themselves, they think they're ending the pain, but all they are doing is passing it on to those they leave behind."

(Jeannette Walls)

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Death – My Choice Not Yours

When we embark on a journey to try and understand the logic of suicide, we are drawn to the question – why?

Writers seek to alert us to recognise, identify and preserve life, rather than end it. Is there a case for suicide and can it be argued that there is in fact a positive position? The obvious starting point should be an understanding and meaning of the word and definition. Emile Durkheim defined suicide as “all cases of death resulting directly or indirectly from a positive or negative act of the victim themselves, which he/she knows will produce this result”.

While these are the prevalent areas of focus, another emerging view seeks to address the opposite position. Durkheim’s definition clearly alerts us to the category of a positive act which produces death. Many sociological studies of the epidemiology of suicide will seek to address false positives of suicide, however, I wish to challenge this notion and present another observation.



History of suicidal behaviour to date has focused on two underlying ideas; (1) Depression, and (2) Mental Illness. They offer explanations to suicide but fail to categorize whether suicide can be positive and can be attempted

by rational thinking human minds. Douglas (1967) criticized his predecessors, looking for a more integrated definition of death by linking the motivations of the life-takers. Perhaps some people are just ready to die?

Shneidman (1981) has a more practical view of suicide, stating that it is a self-serving act, exclusively orientated to solving problems, escaping distress, and reducing unendurable pain. All suicidology literature supports the notion that the victims of self-injury behaviours are seeking to accomplish an action or objective.

One of the positives of aided suicide is the cost factor. It is cheaper for terminally ill patients, and ultimately their families, to participate in assisted suicide, because it eliminates the expense of extended Palliative care. Some diagnosed cancer sufferers may choose suicide as an alternative to living out the rest of their life in pain and with the burden of worsening medical condition. An American 1999 survey showed that 61% of Americans believe terminally ill patients in severe pain should have the option of suicide. Queensland University of Technology Research found that assisted suicide relieves families of the care and responsibility of watching loved ones suffering. It may also satisfy the final wishes of the family member. There is also the economic consideration of the reduced cost to the Medical Staff and the Health Care Services.

Positive outcomes of suicide must be seen in context. Many regard it as illegal because of the potential ability to inflict tremendous suffering on surviving family and loved ones. However, when a person is in tremendous pain and is suffering due to physical or mental problems, then suicide may be seen as a way of relieving them all from further suffering.

What if a person wants to end their life for justifiable reasons and prepares for death in order to create an outcome that reduces the trauma for them and others? The confusion for

“If I had no sense of humour, I would long ago have committed suicide.”

(Mahatma Gandhi)

“It is not seen as insane when a fighter, under an attack that will inevitably lead to his death, chooses to take his own life first. In fact, this act has been encouraged for centuries, and is accepted even now as an honourable reason to do the deed. How is it any different when you are under attack by our own mind.”

(Emilie Autumn)

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most is the "context". Consider the following factors; (1) the motive for wanting the act; (2) the outcome desired; (3) the actual outcome that results from the act; (4) the mental and physical condition at the time of the act. If these views are calculated to be more positive than negative then maybe the act is justifiable.

Public opinion has changed in recent times. Legislation has changed in some countries. The case for 'Choice' is gaining momentum.

Peter Horton
Founding Director of Trauma Centre Australia

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Trauma Centre Australia in association with TAPIG is offering a prize of a \$50 book voucher and free entry to a year of TAPIG events.

Just write a 300-500 word article for the Winter edition 'Inside Trauma'.

The topic is;

Trauma of Modern Living
(NOISE)

Entries are due by
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Trauma Centre – (03)9205 9488

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