

Submission  
No 55

## **PREVENTION OF YOUTH SUICIDE IN NEW SOUTH WALES**

**Name:** Name Withheld  
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Partially  
Confidential

## Submission to NSW Parliamentary Enquiry into the Prevention of Youth Suicide

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I was suicidal at the age of 10, I attempted suicide at the age of 16, and have been suicidal again at several periods later in life. I live with permanent depression that affects me in various ways, despite being managed with medication, I have had psychotherapy over a period of five years (in Germany where I was then working – it would be more difficult to get that help in Australia and it is not available for welfare dependent and low income Australians, or for people in regional and outback areas), and I have also experienced episodes of obsessive compulsive disorder, PTSD symptoms, anxiety attacks, and acute probably psychosomatic episodes, one of which required hospitalisation.

It is possible to trace behaviours in my family over at least four successive generations that reflect or could have caused mental health problems. I do not mean that there is necessarily a genetic element, but that behaviours replicate from parents to children over multiple generations. My family was not under-privileged.

The causes of childhood depression were due to a dysfunctional family environment compounded by bullying at school. The effects of such traumas remain with people for life, they cannot be eradicated, undone, or cured. They predispose people to other manifestations of problems under the influence of stress or trigger events, and these effects are unpredictable and can affect us at any time, although it may be possible to recognise some danger situations. They can lead us to attempt suicide again for reasons different from the original cause of our predisposition. The effects of such trauma manifest in different forms, and are not limited to one consistent problem such as clinical depression.

In order to overcome my deficient sense of self-worth, I became a high achiever. I dropped out of school, but returned to TAFE to complete my HSC, graduated from university, won prizes and scholarships and completed a PhD at Cambridge after successful selection for admission. Had it been possible to continue in a career as a university lecturer and researcher successfully begun over 15 years in France and Germany, my mental health problems would have remained manageable, because my success compensated for my earlier traumata. Unfortunately, due to lack of opportunities back in Australia, I have now been continuously unemployed for more than six years and will probably remain permanently unemployed. This circumstance has deprived me of the psychological compensation of high achievement, I have once more been made to feel that I am worthless and that I have no reasonable and secure future prospects – a situation not helped by the despicable attitude of government

towards the unemployed and the denial to them of a sufficient income and other support – and this experience has been directly responsible for a return of suicidal ideation, PTSD symptoms and other problems. I regard the unsatisfactory management of academic career opportunities and employment by both state and federal governments as the direct cause of my current mental health problems. The most obvious solution to this is not medication or suicide prevention measures but enabling me to return to my chosen career. Unfortunately, despite governments encouraging Australians to dream big and reach for the stars, the opportunities to enable everybody to actually do this do not exist and never have existed in this country. Governments are thereby directly encouraging young people to have high expectations, which government then fails to meet. This is grossly irresponsible.

This is not merely my problem. It has been generally acknowledged for decades that the biggest cause of all the social problems, including suicide, amongst Indigenous communities, is the lack of jobs and career opportunities. And yet nothing effective has been done to resolve this problem. Annual surveys in Australia for many years have consistently found that one of the greatest causes of anxiety among children is their future, including employment and the ability to have secure appropriately paid employment to pursue their ambitions and to ensure their financial security throughout their lives. Despite these monotonously repetitious findings, there has been no political leadership that has begun to address them. Reports on suicide hotspots around the country normally find that one of the factors is high and long-term unemployment. I have had the maximum number of psychology consultations allowed to the unemployed – which are not adequate, and which are now increasingly difficult to get access to – and the consulting psychologists all recognised the problems I have identified, they all acknowledged that these problems are common and well-known – and they all also acknowledged that politicians are consistently ignoring them. We have seen suicide rates rise dramatically in the wake of the GFC and similar losses of financial and social security in individual countries in recent years, which likewise points to a direct correlation between financial hardship, social problems and suicide. It is also increasingly recognised in Europe – but not yet in Australia – that the changing economic environment with increasing shortage of full-time continuing employment in jobs of individuals' choice, with career opportunities and security, is directly contributing to the incidence of all of the social problems now in the news: workplace and other bullying, alcohol and substance abuse, obesity, domestic and other violence, terrorism, as well as mental health problems and suicide. The WHO has predicted that within 10-20 years, mental health will become the single biggest global health problem.

This is preventable, but only if we fundamentally change our economic system and ensure that everybody continues to enjoy what were once defined as inalienable universal human rights (see the 1948 declaration): adequate employment, adequate housing, adequate health and education provision, food, clothing and other basic needs. If governments cannot manage the national economy in a manner that will continue to provide this for every Australian, then they must ensure that every Australian is provided with them by other means. Currently, these needs are not met for any of the unemployed or others dependent on welfare and low incomes, and they are becoming increasingly beyond the reach even of Australians in paid employment. This situation is not sustainable.

In modern societies, our sense of self-worth, which is the fundamental problem in suicide, regardless of the immediate precipitating factor, depends upon our financial autonomy, and this is secured normally through employment. That employment must be relatively secure, it must be remunerated adequately in relation to costs of living, and it ought also to be in a job

or career of the individual's choice. There should be no under-employment either in terms of hours worked or in terms of jobs below individuals' education and experience. Any jeopardising of these circumstances, which is occurring increasingly across all professions and jobs and all social levels, can and does contribute to mental health problems. It is therefore the responsibility of government to ensure that every Australian has adequate and appropriate employment throughout their working lives. No government in this country is currently dealing with this problem, and that failure is directly contributing to the incidence of our mental health and social problems.

Governments have had sufficient data and reports and recommendations available to them about all of these problems for decades. We have also been able to study suicide in other countries known to have nationally high incidences of this problem, which have also been recognised for decades. Conversely, we can also study those countries with the highest 'happiness' quotient and the reasons for this. In sociology, suicide was recognised as a specific problem and first investigated more than a century ago. We really should not need another enquiry into this problem because so much data is already available to you. I therefore have to ask when governments will stop procrastinating over problems like this by having yet another enquiry, and when they will actually bite the bullet and do what needs to be done? This country must be one of the highest producers of reports and enquiries in the world, and one of the worst when it comes to doing anything about them. Every enquiry that is not acted upon is a waste of time and money.

While I recognise that helplines, counselling services, medication, public awareness and other prevention strategies are useful, they cannot be regarded as adequate solutions to the problem, nor are they cures. The prevention and the cure is a more equitable and secure and tolerant society.