Dear Sir/Madam,

Survivors **of Suicide Bereavement Support Association**
PO Box 334, Springwood. 4127
Email: sosbsa@optusnet.com.au

Men's Health Submission

One can sprout the cliché "Depression is a disease not a weakness" but it is of no value if the prevailing community view continues to stigmatize it as a weakness- this view appears to be particularly strong among males. Indeed any mental illness is viewed as a weakness- something to be hidden away and battled with alone

Our group is a suicide bereavement support group. Our members are people who have lost loved ones to suicide and our small group of volunteers provides support for others who have lost loved ones through our national 24/7 helpline and our regular support group meetings. We also get a number of calls from non bereaved people who are in an acute suicidal crisis.

We will present our impressions of the state of men's health from our experience in this field over the past ten years.

Suicide is the cause of 1700- 2000 deaths in Australia each year, more deaths than vehicle accidents. At psychological autopsy, up to 90% are thought to have suffered some form of mental illness. Approximately 4 times more men than women die and this is reflected in our "survivor" groups. We have many more people who have lost sons, brothers and husbands/partners.

Some "survivors" (those bereaved by suicide) speak of the scourge of addictions and alcoholism (sometimes intergenerational) depression and other mental illnesses, relationship breakdowns or disputes. They report bewilderment at not being listened to by medical personnel/not being included in decisions especially where it was obvious that they were the "carers".
Others had no idea there was a problem and only after the fact became aware of possible "warning signs" of mental illness/suicide ideation. Others still were able to find no suggestions of problems.

Male callers in acute crisis who call our helpline frequently report relationship breakdowns and perceive these as shameful and very public displays of them being "failures" as men and lovers. Others are heavily burdened by guilt or trauma almost a lifetime old; others feel guilt about their addictions, their inadequacies as separated fathers, their inability to control this dark thing that grips them. They have problems with expressing themselves to their G.P.'s . They have problems conveying their needs to their partners- they don't even know how to express what they want their partners to know, least she think he is less the "man".

Occasionally where friends may know of the young person's distress, even his /her suicidal behavior, there is a "conspiracy of loyalty" – this must be addressed! Young

people must be made to realize the possibility of loosing a friendship is a reasonable risk to take for saving a life.

Notably some addicts on the methadone program have expressed respect for their pharmacist – could this relationship be utilized further? For those having problems trying to communicate with their GP, possibly they could be encouraged to point to a particular symbol all could keep on his/her desk- eg a blue ball/black dog. This way the GP could initiate the conversation about emotional/mental problems.

Other possible prevention measures:
- helpline and relationship information on beer coasters
- promotion of Mental Health First Aid courses like that developed by Kitchener and Jorm, see http://www.mhfa.com.au/ to increase awareness and decrease stigma. The Government could set the example by making it compulsory for all Government employees to do the course, including politicians. Two famous leaders who battled depression most of their lives and yet were able to function at a high level were Winston Churchill and Abraham Lincoln. They were also openly able to talk about the times when they were miserable
- ensuring that once someone discloses to a medical practitioner they need help for a mental health problem they receive some form of counseling very quickly. There appears to be a very short timeframe between asking for help and being convinced no one can help
- ensuring that medical staff has support themselves. Antidotal reports indicate some personnel have little experience in dealing with mental health issues or may actually be having problems themselves
- provide sufferers and their "carers" with information (written material or on disc) about their condition and where to find additional resources quickly
- try to break down the current societal segregation of the generations – encourage the building of "village squares" so elderly men feel safe to play chess and interact with others
- have single sex parenting classes which also discuss overcoming intergenerational family dysfunction e.g. violence, coping mechanisms (e.g. alcohol consumption) and common relationship problems and how to cope with them
- get the message out there that **"Mental illnesses are disorders of the brain, not moral weaknesses and can be managed"**

We particularly recommend the following books to the committee "Back from the Brink" and "Back from the Brink, Too" by Graeme Cowan and "What Men Don't Talk About" by Maggie Hamilton. All three are recent valuable layperson's resources in understanding the Australian male. Of course there are many distinguished research papers and books written by professionals in the field. The only questions are - Are they being listened to? Are the men themselves being listened to? Are their loved ones being listened to?