

PATRICK McGORRY: We can prevent these tr

PROFESSOR PATRICK McGORRY

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Dr Patrick McGorry joins our campaign to end the silence on suicide.

LAST year almost 300 young people between the ages of 15 and 24 took their own life, many of them in regional and outer urban Australia.

That's here in Australia. In the lucky country.

Suicide is now the biggest killer of our young people and accounts for one in four of all deaths in this age group.

Officially, suicide accounts for about 2200 Australian deaths a year, and although official figures from the ABS suggest a modest recent decline, experts are confident the real figure is much higher, perhaps as high as 2500 or more.

Suicide is a silent killer whose footprints are quickly concealed, leaving little trace.

This culture of secrecy not only increases the risk of suicide, it also hampers the ability of the bereaved families and friends to recover from their loss.

Unlike the road toll, which has reduced by one-third to 1600 deaths a year and continues to decline, suicide remains a taboo subject and is sidelined in social policy.

The tragic circumstances in which 15-year-old Mary Baker took her own life have left her family and the community she was a part of heartbroken.

Mary was a student at Albury High School and had endured a three-year fight to regain her health after she was diagnosed with an eating disorder while recovering from a major illness.

At Mary's funeral, her father, Stuart, spoke with considerable eloquence of the countless hours Mary spent with dark and tormented thoughts — thoughts she was never able to share with anyone.

Her brother Jack spoke of the period in everyone's life when they lose their innocence ... "Just looking at [Mary] you could tell she was dealing with something that was so horrific she couldn't begin to talk about it."

What we've seen too often in Australia is when a young person dies by suicide there is silence and active suppression of their story.

We need that silence to end and I applaud the courage of Mary's family for allowing her story to be told.

I know from my own experience that this is a need most families feel, one which is usually inhibited by a sense of shame and stigma, a terrible burden that the community can easily relieve through compassion, openness and personal and public support.

The experience for young people who follow this path is typically one of increasing mental ill-health for which expert professional help is in short supply and ultimately a sense of despair and futility.

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.

They are trapped in a bubble: a cone of silence, which neither they nor those around them can easily penetrate.

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.

If effective help is provided suicidal urges almost always subside.

There is no evidence to suggest that sensitive and accurate reporting of suicide inspires others to follow.

The exception is celebrity suicides, which the media typically does cover.

That is not to say the copycat phenomenon is not real.

However, in the 21st century it is driven by social media and word of mouth, which can present an unreal and romanticised picture.

The antidote could be the print and electronic media taking a stronger role in showing young people and the wider community the devastating reality of suicide.

The new Press Council guidelines give permission to go down this track and The Border Mail is to be congratulated for following it.

As with the road toll, the media should keep and frequently report a tally of the lives lost to suicide through a national campaign backed and funded by the federal government.

The destructive impact on others should be highlighted as well as the need for professional help.

beyondblue has shown us the power of openness in mental health and catalysed reform in mental health.

Along with a high-profile prevention campaign, we need to highlight the link between mental ill-health and suicide and provide a range of effective, evidence-based treatments.

Suicide is an early manifestation of unspoken, unrecognised or unacknowledged mental ill health in so many cases.

But two-thirds of Australians with mental illness never receive any help or access to health care.

A high proportion of people who are eventually treated for mental ill health have attempted suicide prior to eventually getting help.

Part of the solution is to find ways to better communicate with our young people.

This means communicating with them in their language.

A new wave of web-based mental health programs is emerging.

“E-therapy” is one of a number of innovative tools being developed to better assist young people in crises.

E-headspace has begun to provide skilled assistance online to many thousands of young Australians within the past several months.

We are also developing a new web-based intervention specifically for school students at risk of suicide, a generally neglected population when it comes to intervention research.

By 2015 there will be 90 headspace centres for young people across Australia; one-stop shops for young people with emerging mental ill health where stigma-free expert care is available in a youth-friendly environment.

Ultimately Australia needs about 200 of these so all communities have access.

These centres also need expert specialist mental health back up for young people with more complex and acute stages of illness.

This hardly exists in our lucky country.

We must build this novel national system of well-being for our young.

Ultimately every community needs to take responsibility for ensuring that its young people have a strong safety net to survive the increasingly tough transition to adulthood during which mental ill health is their major health risk.

Hope is on the horizon but communities need to act.

The pain must be channelled to demand open dialogue and better quality care for young people and families.

A much greater sense of urgency is required.

There are real solutions available to us to significantly reduce the numbers of Australians who needlessly die by suicide.

But to solve this problem, we must first talk about it.

- Dr Patrick McGorry is a psychiatrist and the 2010 Australian of the Year.