

Committee Secretary  
Senate Standing Committee on Community Affairs  
PO Box 6100  
Parliament House  
Canberra ACT 2600

I wish to submit the following brief comments to the Senate Standing Committee on Community Affairs inquiring into the impact of suicide on the Australian community, particularly terms of reference paragraphs © (d) and (h).

I reviewed some of the literature on suicide available through a local municipal library, interviewed a number of people affected by suicide, and spoke to a number of priests, pastors and chaplains from a range of denominations and church traditions who regularly have contact with people at risk of suicide, and those who have been affected by the suicide of relatives and friends.

From these random discussions, in an average size local church of 150-200 members, and in contact with the community surrounding the local church, clergy could have up to about six or more counselling contacts per year of people who are depressed with signs of concern regarding suicide, or who are on a suicide watch, this latter is particularly the case in rural areas. To this should be added counselling contacts with grieving relatives and friends of suicide victims, arising from conducting funeral services for people who don't normally attend or have contact with a church.

All of the clergy I spoke to had completed post graduation mental health first aid and suicide prevention training of some sort, and were knowledgeable about the issues I had read in the literature.

Given the scores of church groups that can be found in a local area, and the trained resource available, I was surprised to find that they don't appear to be given much consideration in the National Suicide Prevention Strategy.

Families are usually the first line of defence in suicide prevention and yet they too don't appear to be given the support that they require. The two common responses from family members who have tried to support other members of their family with a mental illness and suicide risk are: "I didn't recognise the signs" and if they did recognise the signs, "I didn't know where or who to turn to."

Men, of course, are the high risk group, but they have been on the neglected end of public policy, particularly in regard to family law. The recent reforms in regard to shared parenting will reduce suicide risk among men. These reforms should be consolidated, and attempts to repeal these reforms should be resisted. The recent government initiatives regarding men's health are welcome, but more research is needed on the detrimental and positive factors that public policy has upon the emotional well-being of men.

Government funded public education campaigns have been effective in reducing deaths in a number of areas, and perhaps it is time to draw upon that experience and apply it to suicide prevention.

John Miller  
Australian Christian Values Institute  
Canberra office  
67 Denny street  
Latham ACT

[johnrmiller@bigpond.com](mailto:johnrmiller@bigpond.com)

Phone 0420 356 564

[www.christianvalues.org.au/resources](http://www.christianvalues.org.au/resources)