



COMMONWEALTH OF AUSTRALIA

PARLIAMENTARY DEBATES



HOUSE OF REPRESENTATIVES

COMMITTEES

Health and Ageing Committee

Report

SPEECH

Monday, 4 July 2011

BY AUTHORITY OF THE HOUSE OF REPRESENTATIVES

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Questioner
Speaker Irons, Steve, MP

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Mr IRONS (Swan) (10:45): I rise to talk about the Standing Committee on Health and Ageing report tabled today titled *Before it's too late: report on early intervention programs aimed at preventing youth suicide*. I also endorse heartily the speech given by the member for Hindmarsh, who is chairman of the committee.

The report focused on early intervention programs aimed at preventing youth suicide. I probably do not have enough time today so I look forward to this matter being referred to the Main Committee. The report covered two parliaments, being the 42nd and now the 43rd parliament. I was very pleased when, in the 42nd parliament and under the same chairmanship, we decided to do this inquiry even though the Senate was running an inquiry on suicide. As it states in our report, we felt that, if our inquiry was appropriately focused, it would complement the inquiry by the Senate Standing Committee on Community Affairs. It was good to see the committee in the 43rd parliament decide to continue and finish this report. I also again acknowledge the strong support given by the member for Hindmarsh to finish this inquiry.

When I initially requested the committee to look into youth suicide it was because of my personal involvement with groups such as Youth Focus, Esther Foundation and SIDS and Kids. It was also because I had met with parents and families who had experienced the loss of their children through suicide. We know as humans that we are all going to have to deal with the loss of loved ones whether through natural causes, accidents or suicide.

As much as we prepare ourselves for tragedies, we find it hard to cope with such a loss. I was inspired by the strength of the people I met and the way they coped with their losses. Such losses have a ripple effect throughout our society, from the parents and the siblings of the children to the friends and the communities where the children lived. We can see that from the evidence we took, with cluster suicides now unfortunately becoming more common.

This effect was brought home to me in 2004 through the loss of my sister Margaret, who had an accident as a result of binge drinking—an incident which was reported nationally. It was a devastatingly emotional time for me, my family and hundreds of her friends.

Even more recently, a friend of mine, Cherlye, has related her personal and family tragedy through the loss of her 11-year-old daughter Lauren to a brain tumour. These are examples of losses that people experience through the early death of children, friends or family.

I speak about these personal experiences to bring a human touch to the launch of this report about the loss of far too many of our most precious resource: the children and youth of our communities. As a nation we provide many millions of dollars to prevent road accidents and deaths in the workplace. I hope this report will encourage our nation to provide and support early intervention programs that will reduce the number of suicides, whether by youths or older people, who take this step for many differing reasons.

It is important to note that suicide is the second most common cause of death in young people, after transport accidents, which in some years account for up to 44 per cent of youth deaths. With just that one factor the committee decided to publish a discussion paper drawing together the evidence that had already been presented, highlighting emerging themes and inviting comment from those who had participated in the inquiry to date. The themes presented in the discussion paper were broadly categorised as collaboration, mental health literacy and gatekeeper training.

The discussion paper also outlined a number of policy proposals that had emerged during 2010 to address youth mental health issues and reduce the rate of youth suicide. These policy proposals were the need for more frontline services, including psychological and psychiatric services; additional support for communities affected by suicide; targeting those who are at greatest risk of suicide; promoting mental health and wellbeing among young people; additional youth headspacesites; and, additional early psychosis prevention and intervention centres.

One area that emerged from the inquiry was the level of concern that the statistics of youth suicide are not nationalised and many states kept differing records. This needs to be addressed. Statistics on suicide in Australia are available from a number of sources. National data on suicide is published in some years by the Australian Bureau of Statistics. The most recent, published in 2007, contains summary statistics on

deaths registered in 2005 where the cause of death was determined to be suicide. Even more recent, although less comprehensive, statistics on suicide in Australia are published annually in the *ABS Causes of Death* report.

I conclude by again supporting heartily the recommendations of this report. I look forward to continuing my speech in the Main Committee.