



# ***Can we talk... about mental illness and suicide?***

***A sampling of Australian community opinion***

Prepared for:

National Mental Health Commission

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*It makes a massive difference to talk about it.*

*– Participant*



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## Executive Summary



## Key points and implications

### Knowledge and beliefs

- ❖ Australians say that they lack the most basic knowledge of mental illness, leading some of the people who participated in this study to say that they ‘wouldn’t know a single sign to look out for’. While our mothers readily dispense advice and remedies to deal with physical ailments, few offer the same cure-alls for mental difficulties.
- ❖ Our daily language is replete with references to mental illness – stress, anxiety and depression to name a few. By overusing some terms and phrases in everyday life which have a clinical basis in reality, we run the risk of trivialising and therefore failing to recognise the signs of what are serious medical conditions. There is almost a normalising, desensitising effect when diagnostic phrases like ‘I’m really depressed’ or ‘I’m anxious’ are repeatedly used to describe routine frustrations and emotions.

### Attitudes

- ❖ While many individuals espouse open-mindedness, others hold onto judgmental and, in some cases, bigoted views toward mental illness. Whether someone is forgiving or judgmental in their outlook seems to turn on the degree to which they hold the individual, or their family, responsible for their condition; whether they inherited it through their genetic tree or were the victim of mistreatment and neglect; or whether they contributed to its onset through their own folly due to drugs or other risky, wayward behaviour does tend to influence the judgmental die that is cast
- ❖ Suicide provokes strong, sometimes contradictory, emotions and reactions. How people feel and think about suicide is very personal, based on their own experience and exposure, world views and fears. In this sense, there is no right or wrong when it comes to how people feel about it. While we might concoct and contrive theories to try to rationalise the irrational, it is simply not possible to know what goes on in the mind of the would be or actual suicide. However, judgmental phrases permeate the language of many Australians.

### Barriers to communication

- ❖ Both sexes wholeheartedly agree that there is a gender divide when it comes to talking about and seeking treatment for mental health difficulties. Many men incorrectly interpret



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mental illness as a challenge to their masculinity and identity as a husband, father and provider and in their role in their community and society at large. Older men are the first to acknowledge that they suffered as a result of the silence and stigma that surrounded mental illness when they were younger.

- ❖ No single culture deals with mental illness and suicide well, according to the people who participated in this study. However, Australian culture is singled out for criticism (along with the rest of Anglo-Celtic culture) for discouraging open and forthright communication and for a fracturing and loss of community connectedness. Insisting that men 'just soldier on' or use alcohol or drugs to deal with problems instead of talking is also seen as an unhealthy trait of Australian culture.

## Barriers to treatment

- ❖ Simply accessing the mental health system can be difficult. Not only are we unsure about where to go for help, the stigma associated with accessing the mental health system can be one of the biggest barriers to treatment.
- ❖ Australians say that they are wary of mental health professionals because they fear they will be prescribed psychoactive drugs before other avenues of treatment are fully explored. In particular, they fear that they will become dependent on these drugs for the rest of their lives and experience potentially dangerous side effects.
- ❖ Australians criticise our approach to mental health and mental illness as just being about 'fixing problems'. On the continuum which represents mental health at one end of the spectrum and mental illness at the other, there was a sense that in order to build resilience and maintain mentally healthy citizens, we may need to focus instead on prevention rather than an unequal weighting on the cure.

## Enabling communication, enabling treatment

- ❖ Mental illness is an embarrassing subject for many of us, whether we are confiding in a friend or consulting a doctor. However, the embarrassment is diminished when the relationship to the person assisting is an impartial one. For these reasons, several participants said, 'it's easier to talk to a stranger'. While helplines can fulfil one aspect of this important function by providing information and advice, people are reluctant to use them for routine enquiries; they don't want to divert precious resources from people in real crisis.



- ❖ Some people believe that we are in the midst of an epidemic of mental illness and suicide. Given that simple advice can help stem the tide of some diseases and conditions, participants suggested that Australia should mount a public education campaign, 'like the one we had with AIDS'. After all, in the information age, if a health issue isn't in the media, it doesn't exist.



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## Summary of key findings

### 1. While many Australians have stories to tell, we still struggle to make sense of mental illness and suicide.

- 1.1. Our understanding of mental illness and suicide is hazy at best and murky at worst
- 1.2. The language of mental illness may have permeated our daily speech but in doing so may have lost its meaning
- 1.3. Mental illness is perceived to be on the increase but we're unsure if it's because of an increase in the incidence of illness or an increase in visibility of mental health concerns
- 1.4. Are we just softer now? Participants compare and contrast the rigours of today's society with that of their parents to explain the perceived increase in mental health difficulties
- 1.5. Mental illness and suicide seem more 'understandable' when they can be traced back to a trigger
- 1.6. We struggle to understand suicide simply because there is no logic to it

### 2. We say we don't want to be judgmental about mental illness and suicide... but are we?

- 2.1. How we conceive of mental illness can determine whether our response is forgiving or judgmental
- 2.2. We are unsympathetic to what we perceive to be self-inflicted mental illness, for example, through drug use
- 2.3. Suicide provokes strong, sometimes contradictory, emotions and reactions
- 2.4. We're particularly harsh on people who we believe are 'faking it' or exaggerating their condition to manipulate us
- 2.5. Adult children say that they resent having to parent their parents with mental health difficulties
- 2.6. What does it *feel like* to have a mental illness? To suspend judgment, we need to walk in another's shoes
- 2.7. Can suicide ever be justified? Or, is it always a product of untreated mental illness?

### 3. Despite more public openness and acceptance, we still harbour private reasons for keeping our secrets secret.

- 3.1. We self-impose barriers to disclosing a mental illness or suicide
- 3.2. There is a gender divide when it comes to talking about and seeking treatment for mental health difficulties
- 3.3. Families keep mental illness and suicide in the closet
- 3.4. There are strong cultural forces which discourage us from discussing and disclosing mental illness and suicide
- 3.5. Ultimately, our private thoughts are ours and ours alone



#### 4. Australia's mental health system is straining to cope with the burgeoning demand

- 4.1. We're at a loss for how to help
- 4.2. The stigma associated with accessing the mental health system can be enough to put some people off treatment
- 4.3. Some former patients and carers warn against the potential for abuse within the mental health system
- 4.4. Australia's mental health system is perceived to be swamped by demand
- 4.5. We reject drugs as the default treatment option
- 4.6. Counselling is widely praised but seen to be unaffordable without government assistance
- 4.7. Our knowledge of 'the system' and the treatments available is seriously out of date and stuck in cliché
- 4.8. We need to do much more than fix 'problems'

#### 5. Can we talk?

- 5.1. Talking helps
- 5.2. We're getting better at disclosing and discussing mental illness and suicide
- 5.3. Sometimes it's easier to talk to a stranger
- 5.4. We need a public education campaign 'like the one we had with AIDS'
- 5.5. We need to walk the talk on our journey toward better mental health



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## About this report

THINK: Insight & Advice was commissioned by the National Mental Health Commission to conduct this qualitative sampling of community opinion in relation to mental illness and suicide. The study's findings will be used to inform the Commission's public communications with Australians, including its first-ever report card on mental illness and suicide to be published later this year. The goal is to ensure that the Commission's communications resonate with people both inside and outside of the mental health system.

This is a qualitative enquiry which set out to recreate the kinds of conversations Australians might have on these issues at home, at work and with their friends. The methodology used to generate the findings in this report is the **group discussion**. This study is based on eighteen such group discussions with members of the general public. The fieldwork was conducted in Darwin, Cairns, Brisbane, Sydney, Ourimbah, Gosford, Melbourne, Ballarat, Adelaide and Perth. All group discussions were held between 9 and 13 July 2012.

Participants for the groups were recruited from the general population using research recruitment firms. In order to qualify, participants were asked a series of questions to ascertain their socio-economic status; only those falling into the middle strata (i.e. B & C) were invited to join a group discussion. The sample was evenly divided between women and men. No mixed gender groups were held; groups were composed of either women or men to encourage frank and honest discussion. All participants were between 18 and 65 years of age, with groups being organised around five naturally occurring age cohorts. The sample was diverse overall in terms of age, gender and ethnicity. However, one group of aboriginal women was specifically recruited to ensure Aboriginal and Torres Strait Islander views were included. While it is not possible to recruit according to sexual orientation, one group of men in Sydney self-identified as being gay.

Because mental illness and suicide can be sensitive topics, potential participants were asked to consent to participating in a discussion of a range of health-related topics, including mental illness and suicide, before being invited to participate. While we did not specifically recruit either mental health professionals or people with a lived experience of mental illness, some people did self-identify as such (although there may have been others who did not self-identify).

The groups used for the research were **affinity groups** – pre-existing groups of friends, colleagues or neighbours. The groups were limited to six participants to ensure that each participant was known equally well to other members of the group. The use of existing social groups allowed the research team to harness the dynamics of spontaneous peer-group interaction and to 'borrow' the trust, honesty and frankness of established relationships.

All discussions were held in the **natural environment** of the participants in order to maximise the comfort of the group and to minimise the artificiality of the research process. In the case of this study, seventeen of the group discussions took place in the home of one of the participants and one took place in an office where group members worked as colleagues.



The role of the researcher was essentially passive; after reading out a thought-starter, the researcher sat separate from and took no part in the group. Participants were invited to engage in a ***spontaneous discussion*** of all aspects of the topic which happened to interest or concern them. While the thought-starter suggested areas that might be covered through the course of the discussion, participants were free to address all of the points raised or none at all; aside from the suggestions implicit in the thought-starter, no pre-conceptions were imposed on the scope or the direction of the group discussions and participants were invited to not only share their own experiences but also those which they may have been aware of. The thought starter contained a combination of open-ended statements and questions and balanced statements and questions. Some components of the thought starter were modified to suit the characteristics of the groups (i.e. according to age, gender, CALD status, aboriginality and sexual orientation). Towards the end of the session, some groups were read out a supplementary statement to stimulate a more in-depth discussion of suicide if they had not already done so. Overall, the groups addressed some of the suggestions contained in the thought-starter and supplementary statements but they also addressed other facets of the topic that were not listed.

Data generated by non-directive group discussion is essentially qualitative and anecdotal. Accordingly, no attempt has been made to quantify the findings or to draw distinctions between majority or minority opinions, other than general observations based on age and gender. Specifically, there was no attempt to analyse the views of mental health professionals or people with a lived experience of mental health separately from those of other participants. Views expressed by Aboriginal people are labelled as such where they are relevant to the special circumstances faced by Aboriginal people. This report offers a summary of views expressed, though some emphasis is given to those opinions and attitudes which appeared to be consistent across the whole sample.

As social researchers we are advocates for the group participants. Accordingly, the chapters of the report are organised around the key themes emphasised by participants. The chapter headings are findings in and of themselves, not labels. However, we have also applied labels to each section to serve as a rough guide to the facet of the topic under discussion. 'We' is euphemistically used to refer to the people who participated in this study. Verbatim quotes are italicised and appear in blue.

Randall Pearce, Anthony Aris, Genevieve O'Neill and Dr Alex Wilde conducted the fieldwork and analysed the data. Randall Pearce wrote the report and Andy Quan edited it.

Randall Pearce  
THINK: Insight & Advice Pty Ltd  
Sydney, August 2012



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## Research findings



## 1. While many Australians have stories to tell, we still struggle to make sense of mental illness and suicide

Few of the Australians who joined the group discussions convened to produce this report were at a loss for words: they were overflowing with stories about how mental illness and suicide have touched them, their families, friends and co-workers. As they told us, this research project gave them an ‘excuse’ to talk about two topics – mental illness and suicide – which until very recently would have been taboo for all but the most confidential conversations. However, several revealed private thoughts, personal experiences and family secrets that were previously out of bounds, even among their closest friends.

Despite the depth of the collective experience that was shared, no consensus view emerged about what mental illness is and why it seems more commonplace. What we heard were wildly varying accounts of the state of our knowledge, attitudes and beliefs concerning a significant part of our make-up – our mental health and well-being.

### 1.1 Our understanding of mental illness and suicide is hazy at best and murky at worst

It doesn't take much discussion before many Australians deplete their meagre knowledge of mental illness and suicide. Some participants said that they would be challenged to identify a single symptom of a mental illness either in themselves or others.

*Mental is anything that isn't physical. Right?*

*What is mental illness? I wouldn't know a single sign to look out for.*

*I don't know if I could tell if someone was suffering depression, especially if someone just always whinges.*

*I suffer from anxiety. My mind will just turn over and over and over. Now, I just get up and work. It doesn't matter if it is 3 or 4 am. Is that a mental illness that I should be worried about? It's been happening more and more as I get older.*

*At the time my wife and I separated I would frequently get the thought 'I've got nothing more to live for'. But I wasn't aware of being depressed, which looking back on it, I must have been.*



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*I had months having psychotic experiences, and so that I would not cut myself, I ended up taking all the sharp knives out of the kitchen. I recall thinking 'what the hell is wrong with me?'*

Perhaps it's because mental illness is intangible that we struggle to understand it. While similarly deadly diseases like cancer are invisible too, many Australians claim to know more about cancer – its causes, its symptoms and the course of its treatment – than they do about the mildest forms of mental illness.

*If you have a cold, you have symptoms that are tangible. But when you've got a mental illness, there are no tangibles.*

*I think that you need an understanding of what mental illness is before you can recognise it. Look at cancer. We hear so much about it. You can't see cancer either but you can see some of the effects, like losing your hair.*

*With cancer we sort of understand how things will go: first there will be this treatment and then that one. But with mental illness we don't know where it is all going. It's a pity too because I imagine there are many more people suffering from mental illness than from cancer.*

*Look at it this way. How did we learn that we had a cold as a kid? Your Mum would ask you if you had a sore throat, a fever, a headache. If you had all three, she'd say 'You've got a cold; you've got the flu.' But if you listed a number of mental health symptoms, what would she say? 'Hope you're feeling better dear.'*

While it was not surprising that a number of participants confused mental illness with cognitive disorders and neurological conditions, the extent of the confusion and the fact that it was unrelated to socio-economic status or educational attainment was striking. As noted elsewhere in this study, what we don't learn about mental health at home, we are unlikely to learn at school either.

*I've got a friend whose brother has the most severe case of autism. He's 18 and he still cannot talk or say words. He sits in his room and watches Thomas the Tank Engine the same as he did when he was five years old. It's only because of him that I know what mental illness is.*

*Asperger's, is that a mental illness?*

*Alzheimer's, is that a mental illness or physical?*

*Is dementia mental health?*



Few people would claim that it is our birthright to be happy all the time. Most of us, including most of the people who participated in this study, are prepared to acknowledge that variations in mood are simply part of life. People talk about ‘ups and downs’ as if they are a part of a cycle that is as predictable as any other physical phenomenon found in the natural world.

*I've had a few low spots, but I've never considered I'd have a mental illness.*

*It's natural to have natural ups and natural downs.*

However, mental illness is neither a physical phenomenon nor predictable. The very fact that it is so nebulous might help explain why some people feel the need to speak about it in black-and-white terms. For these people, there wasn't a lot of room for grey: someone either has mental illness or they don't.

*Are mental health and mental illness opposites?*

*Respondent 1: Mental health refers to the health of the mind. You can have good health or bad health. Under bad health are all the diseases.*

*Respondent 2: Good and bad, white and black... there is no grey.*

Others were more likely to see mental illness along a continuum and to hold a more nuanced view about where mental health ends and mental illness begins. For example, they would agree that while some self-talk is very healthy and an indicator of self-reflection, too much internal dialogue can be a sign of serious mental illness.

*Every single one of us has schizophrenia, right? Now most of us are at peace with it. You know what I mean? It's just that voice you talk to inside your head – your subconscious. You talk about that out loud though and you'll get put in a straight-jacket, buddy. Be careful, it's fucking nuts.*

It was hard to get a definitive view of when mental health ends and when mental illness begins, even among those participants who had directly experienced a mental health difficulty. Some said we become conscious of mental illness when everything else is going well and there is no identifiable trigger for the onset. Others said that it is only after some time feeling unwell that people recognise that something is wrong.

*Respondent 1: It is a strange feeling. When I first got depressed I had everything going for me in life. When things are bad, you've got an excuse for how you are feeling. But when everything is going well and you still feel horrible, that's when you notice it.*



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*Respondent 2: It hits you when it shouldn't, when you don't expect it. Some blokes just don't understand why they're feeling that way [depressed] when all the life indicators are good.*

*A lot of people don't know that they are in it until they have been there for a while. You or I might have a day where we feel like we are in a hole but they have been in that hole for a lifetime. It might take them a while to realise that they are there.*

*At what scale do you say that there are enough symptoms to say that there really is a problem? Is it a number of weeks of constant symptoms? What if they have a collection of issues? What do you call that?*

## **1.2 The language of mental illness has permeated our daily speech but in doing so may have lost its meaning**

Our daily language is replete with references to various markers of mental illness – stress, anxiety and depression, to name a few. Colloquial expressions are often passed down through the generations and enter our vocabulary unconsciously.

*My mum often used the expression 'I'll kill myself'.*

However, by over-using some terms and phrases in everyday life which have a clinical basis in reality, we run the risk of trivialising and therefore failing to recognise the signs of what are serious medical conditions. There is almost a normalising, desensitising effect when diagnostic phrases like 'I'm really depressed' or 'I'm anxious' are repeatedly used to describe routine frustrations and emotions.

As our participants recognised: rather than saying, 'I feel sad,' some people will say 'I feel depressed'; rather than saying 'I'm feeling worried' they may say 'I have anxiety.' Co-mingling mental health terminology with our everyday speech can make us deaf to the real meaning and significance of mental health conditions and could cause us to overlook or minimise the needs of someone experiencing a genuine mental health difficulty.

*That term depression gets thrown around so much now it's almost lost its meaning. It is one thing to make it accessible, but not if it's misused.*

*It's not that we don't care about the people with anxiety. It's because all people are just like, 'Oh, that made me so anxious', and you're like, 'No it didn't – you don't actually know the difference between concerned and anxious. It's like you're sad or you're upset but you're not depressed.' People desensitize it.*

*Unhappy is one thing; depressed is another.*



One of the most common examples of how we abuse the language of mental illness is when confected mental illnesses are offered up as ‘excuses’. Participants talked about how the term ‘stress leave’ is used as cover for unauthorised leave in workplaces across the country. As a result, they said the severity of the condition of people who take time off for legitimate stress may be diminished or overlooked altogether, creating a dangerous situation for employees and employers alike.

*People take time off all the time for mental health issues but it is passed off as ‘stress leave’. However, nobody asks questions; nobody follows up to ask if you’re feeling better. We don’t take mental health seriously at all. Does OH&S include mental health issues or just physical ones? Can you actually take sick leave for mental health reasons? Do you need a doctor’s note?*

*It’s like the easy option out. Like if you say that I’m suffering depression or I feel like I have depression. Anyone can say they’re depressed these days. Look at certain people at work – not saying any names – [laughter by all in the group] but a lot of people use it as an excuse.*

Those mental health professionals who participated in the groups acknowledged that language remains an issue in the mental health profession. According to them, the language of the DSM (the Diagnostic and Statistical Manual of Mental Disorders) offers little certainty. But, as they say, ‘it’s the best we’ve got.’ Perhaps we’ve got to tolerate a certain amount of ambiguity when it comes to conditions like mental illness but the gap between the language of the clinic and the language of the street is still too large to help people make sense of mental illness and suicide.

### **1.3 Mental illness is perceived to be on the increase but we’re unsure if it’s because of an increase in the incidence of illness or an increase in visibility of mental health concerns**

Many of the people who participated in this study reported that they perceive mental health issues to be on the rise. They cite a range of evidence.

Some cite their own experience:

*In my job at the hospital I see mental health patients every day. There seems to be a lot more drug psychosis and a lot more bipolar. I don’t know why.*

Some others cite increased visibility in the media:

*I think there’s a lot more awareness about mental illness now. You see all the ads on the TV and all the stuff about Beyond Blue, and all the counselling*



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*lines and that sort of thing. I think we're getting better at acknowledging that there are issues out there.*

Still others note that we are more open and accepting of mental illness and therefore we are more willing to acknowledge mental health difficulties:

*Today, society has made all these things acceptable. So, there is no problem, there is nothing wrong with you. It's just that you're in a different category to someone else – not that there's something wrong with you.*

As has been documented with other medical illnesses and conditions, a sudden increase in testing and diagnosis can produce a spike in the perceived prevalence of disease. In the case of psychiatric conditions such as bi-polar disorder, some participants said that increased detection coupled with increased openness, has created a sense that there is a virtual bi-polar epidemic. Some noted that mental illness is now so common among young Australians, that it is almost unfashionable *not* to have one.

*Everyone has bipolar disorder these days.*

*It was 1 in 100 back then [when participant was school age]. Now it is 10 in 20.*

*Respondent 1: At high school all the kids were on anti-depressants. When someone mentioned mental illness I just thought 'attention seeking'.*

*Respondent 2: It was trendy to be suicidal, they all cut themselves.*

*Respondent 1: It's a way to relate, going along with stuff to fit in.*

*I think in a way depression's becoming a little bit fashionable. With young girls – they want the attention or something. It's definitely fashionable to say you have depression.*

*Everyone at school knew about this guy who told us he repeated year ten because he had depression. It's almost cool to have it.*

#### **1.4 Are we just softer now? Participants compare and contrast the rigours of today's society with that of their parents to explain the perceived increase in mental health difficulties**

From listening to the people who participated in this study, it became clear that Australians struggle to understand mental illness because they struggle to understand its cause. Nevertheless, that didn't deter a range of participants from advancing numerous theories to explain why they believe the incidence of mental illness is increasing in the community.



One of the most common was raised by older Australians who asked, 'Are we just softer than we used to be?' Having lived through world wars and challenging economic times themselves, they are at a loss to understand why the pressures of modern life would be any greater than those they faced. To them, the rising generational cohort is not as mentally tough as their own once was.

*Back then you just handled it. Now in schools you have mental illness.*

*Maybe people are softer now.*

The children and grandchildren of refugees and migrants were similarly likely to say that second generation migrants are not as mentally resilient as their forebears. They freely admit that the challenges they face pale in comparison and they are undeserving of a mental illness diagnosis. Others take the opposite view and wonder if we heap false praise on 'toughness' and endure mental anguish needlessly.

*It's so different to our parent's day. Everyone's getting soft and even Spiderman cries now.*

*I think Australians are not willing to put up with simple things. Sometimes simple things make them feel depressed. With time, people are getting weaker – softer.*

*Respondent 1: My grandparents lived through the Depression. To them, you just get through life's trials and tribulations.*

*Respondent 2: No, sorry. It's not like that anymore. Why do you have to live like that?*

Alternatively, several participants said modern life presents unique challenges which their parents didn't face. To them, our way of life is to blame; and that unrealistic expectations drive unrestrained consumerism. As a result, young people are likely to be trapped between rising expectations and rising debt – a perfect storm for mental health difficulties.

*Most of us are mentally ill. Look at how much we consume. It's sick. How frequently do we have those thoughts that we just have to have something more?*

*A lot of people are stressed because of financial issues. People put themselves into debt, put themselves into a mess so much so that it comes to a time that they can't even get out of those debts and they start getting stressed out. It starts affecting their mental health...People need to stop blaming other people for their problems and actually live within their limits and they won't have the stress and those mental issues and will have a decent life.*



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*People nowadays who are suddenly made redundant face huge pressures due to the level of financial commitments. In our time, you bought a house you could afford.*

*It's an evil thing that you can get credit so easily*

*They buy a brand spanker \$500,000 house first up, and then the pressure is on them straight away.*

*Every second apprentice you see has one of these brand new HSV Utes.*

Participants pointed to the role that advertising and social media play in amplifying the pressures associated with new social norms. They highlighted two media-driven 'obsessions': our throwaway culture and the cult of the 'body beautiful'.

*Gotta have it new they do. We use to be satisfied with old shit!*

*In our day it seemed like we were more or less all the same; or at least equal in more respects than young people are today.*

*Image is such a big thing for kids today, being accepted in the "right" clique. The desire to be thin promoted in fashion magazines is a case in point. I was staggered when my granddaughter told me the other day that she was obese – no way!*

*Respondent 1: One girl sends a message with a thousand other's reading it then everyone starts pitching in. Before long she's thinking 'everyone hates me,' 'no one thinks I'm worth anything'.*

*Respondent 2: Maybe they don't mean to, or don't think of the consequences.*

*Respondent 3: My daughter was excluded by the girls because she liked to hang with the boys. The girls' bitching got to her. What it does to a kid when she's rejected like that for a week.*

*Respondent 4: When we were at school we'd just have a punch up and it would be over the next day.*

*You worry about your kids, with all the technology, bullying and pressure to get a job. You don't know what they're thinking.*

While the mental health hazards might be greater today, the participants in this study were equally likely to point out that in many ways it is easier to bring up mentally healthy kids today because we are less conformist.

*Did our parents have it easier? In a way their mortgages and everything seemed easier – one parent stayed home with the kids and everything – but in the same way if you had a gay kid you sent him off, if your daughter got*



*pregnant you'd send her to 'boarding school' to have the kid. I think those sort of stressors were worse back then whereas now it's like I don't care what YOU think!*

### 1.5 Mental illness and suicide seem more 'understandable' when they can be traced back to a trigger

While some people believe that there is a genetic basis for mental illness, there is another group who steadfastly cling to the notion that mental illness can be triggered by events. While the truth is likely to lie somewhere between these two extremes, participants tried to distinguish between something comprehensible like childhood trauma and abuse and something incomprehensible like suicide. Admittedly, if all mental illness and suicide were the result of genetics, we wouldn't have much to talk about.

*But a mental health issue could arise from a life experience like a major accident or someone close to you dying, or if you witness something tragic.*

*One moment in your life can change your mental health I guess.*

Young minds are impressionable and traumas experienced at a young age are perceived to have a lasting impact. Some report that they don't become aware of the effect these events can have on their mental health for many years.

*I had something happen to me when I was about 4. Apparently if something happens to you at a young age you don't have the things to deal with it properly then it pops up later on in your adolescence and stuff. I wasn't horribly depressed or anything but I use to have these things here and there where I was a bit of a drama queen, or I'd get really down and thinking stupid things.*

*My sister asked a counsellor if she knew about whether my problems were caused by the abuse and why they started after I had kids. She believed it was [the abuse] because my children were the same age as me when my abuse started which makes sense in a way.*

Events at other life stages can have a devastating effect as well. Family breakdowns can be traumatic for the couple involved and their children in equal measure.

*Kids having to make a choice about which parent to go with; some deal with it, some can't.*



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*It's staggering how many parents just don't seem to care about how the kids feel when families split.*

*When my wife and three kids walked out years ago I became so depressed that I was nearly suicidal. I cried every night for ages even though I had supportive family and friends... and my faith.*

A physical disability can have mental health consequences, at least according to one participant who works as an allied health professional.

*I work as an occupational therapist. I come into contact with people with mental illness all the time. Physical illness can lead to a mental health issue.*

Sometimes a person can succumb to the cumulative weight of multiple setbacks within a compressed period. According to some participants, these people are simply overwhelmed by misfortune and get drawn into a cycle of despair.

*A family member has bipolar disorder. She was trying to have a baby, her husband passed, then her second husband passed. That was the start of her mental illness.*

*Every time her relationship broke up she tried suicide.*

*I think what did it was a combination of a few things; my mother dying, my brother dying and a failed investment. Once you're in that cycle you can't get out because you're thinking negatively all the time.*

Some participants talked about how some people can fall victim to expectations, imposed either by themselves, their families or their fans. According to them, their failure to meet standards set by others can simply be too much to bear. Some of these people turned to suicide rather than to confront the disappointment they may have caused (or imagined) in others.

*I can remember once...a friend of mine...but I think with him he was an 'out there' person. He had so much pressure put on him that he felt that he had to achieve everything. He was a good sports person... everything. People like that are the people I personally think are likely to do it more because there is so much pressure on them. Whereas you would never see a 'parky' commit suicide because they're happy.*

*Everyone I know of that has done it has been so much in the limelight so to speak that the pressure is on them all the time, and they can't handle the pressure.*

Some people belong to groups which make them more vulnerable to mental health difficulties:



**Aboriginal people:**

*With Aboriginal and Torres Strait Islander people – with the past what's happened there. Years ago men were hunters and warriors sort of thing and now they're nothing. They've got no pride, they've got no identity. Some of them haven't worked in years. That's where your mental state comes in and kids are looking at that. And if it's a generational thing where the father has not worked, then further down the track that's where a lot of alcohol and everything starts like drugs...whatever.*

**Lesbians & gay men:**

*Suicide is disproportionately higher in young gay men.*

*My sister's gay [and not out]. If people have a secret they are more likely to get a mental illness.*

*My nephew [age 14] was coming out of the closet and jumped off the Harbour Bridge.*

Some people work in professions that expose them to more triggers for mental illness than others, making them more vulnerable.

**Emergency services workers (police, ambulance, fire department):**

*People who see the worst of everything, police, firies. His first marriage dissolved because his wife couldn't understand what he was going through [Post Traumatic Stress Disorder].*

*My dad has a different type of depression, which he more easily admits to because his job circumstances brought it on. He just can't get the images of people caught under trains out of his head.*

**Military:**

*All those men gone to Afghanistan and East Timor and had to pull dead bodies out of wells.*

*My cousin went to Afghanistan twice. He's set up financially and has the support, but at what price?*

And, some people live in places where mental illness is more prevalent, such as rural and remote communities. There was a particular recognition that farmers and



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people in rural areas were at risk of mental illness and suicide because of their isolation and vulnerability to events, such as weather, that are outside of their control. Participants expressed empathy for the plight of the Aussie farmer and everyone who works hard and struggles to make ends meet.

*Out in rural areas and farming areas...they've got the higher rates of suicide out there; mostly the blokes in the rural areas. Times have been tough, mate. Years of drought and all that sort of thing: seeing their cows dying around them, they've got no income, they're getting debt building up and there's nothing they can do you know. There are a few handouts from the government but a lot of these blokes are too proud to talk to anybody, too proud to ...you know...they won't talk to each other. They'll drink and that's their way of dealing with things. Drinking and in the end it gets too much and they kill themselves.*

*Well, mental illness and things like that especially in the countryside that's not tolerated. Especially farming and things – its hard yakka and you're expected to be a hard person to do it because you're up at dawn and you go to bed after hours. You're doing all the hard yards. You can't just turn around and say 'I didn't go for a jog today because I'm feeling depressed'.*

*I grew up in Mount Gambier. I know a number of people who've hung themselves. I think it was because they were bored.*

## 1.6 We struggle to understand suicide simply because there is no logic to it

Perhaps because we work so hard to create and sustain life, suicide is so controversial; it is almost the antithesis of our daily struggle.

*It's controversial. It makes you question a lot? What made him do it? What would a parent feel?*

Among all of the accounts of people who have taken their own lives, one theme recurs again and again; there is no logic to suicide. It can strike the most unlikely of people. As proof, participants pointed to people who seemed on the surface to be destined for happiness and success and yet succumbed to some inexplicable internal despair.

*My work colleague with bipolar disorder threw himself off The Gap. Everyone thought he had everything.*

*Two years ago this guy hung himself. He was an 'A' grade AFL player getting paid to play. Started with his career he was 19 at the time. Everything's going for him and then killed himself over his missus. Once you get that far*



*up and everything's been so good all your life, that first fall – it seems like the end of the world.*

Perhaps it is the gap between how we see ourselves and how others see us that is the source of the pain; the stark contrast between a serene exterior and a deeply troubled interior.

*It's like that fella in Year 9. Everyone thought he was as happy as Larry and then next day he was hanging from his fan by a dog chain...over an argument! He didn't think he had any other option. For crying out loud if this bloke had any idea who the hell he was. He was like the most popular kid to hit school and the grade 9 and grade 12 girls wanted to date him, he was the coolest kid to hit school. And all of a sudden he hung himself – left right and centre.*

The fact that suicide is sudden makes it shocking. Several participants said that because there is no warning, the emotional impact is multiplied.

*We were on a [military] operation and we came back. And after like a month someone from [the unit] killed themselves. Nobody could tell what went wrong. It was like a surprise to everyone. Because he was so fit; he was always work, work, work and appeared happy performing his duties to the standards. So, when we came back one day and someone said he killed himself [it came as a surprise]. We couldn't tell. Some people are very good at hiding something important.*

*We had a staff meeting and he was as happy as Larry. He went out that night and played touch, played whatever else sport he played. Then he done it that night...committed suicide; he hung himself. The next morning at work we're saying 'Where's so and so?' Then, we got the news and we thought, 'No way! Because that's the first thing you think isn't it, 'No way! '? He was sitting with us at the staff meeting here yesterday, and he was happy last night and now he's gone.*



Can we talk... about mental illness and suicide?

## 2. We say we don't want to be judgmental about mental illness and suicide... but are we?

Attitudes toward mental illness and suicide have evolved significantly in little more than a generation. However, the evolution has not been uniform; while many individuals espouse more openness, others hold onto judgmental and, in some cases, bigoted views. Just who holds a judgmental view and who is more forgiving cannot be predicted by any single demographic characteristic such as age or gender or location. Rather, attitudes toward mental illness and suicide seem more likely to flow from how they conceive of mental illness; whether they believe that it flows from something intangible, like genetic make-up, or if it can be traced back to an identifiable trigger like a traumatic event.

Although there is no right or wrong when it comes to suicide, it provokes strong, sometimes contradictory emotions. As the research team discovered, it is all too easy to slip into pointless, sometimes judgmental, commentary about suicide attempts, methods and motivations.

### 1.7 How we conceive of mental illness can determine whether our response is forgiving or judgemental

We would like to think that we respond to mental illness with the same compassion and empathy we extend when we encounter people suffering physical illnesses and disabling conditions. Unfortunately, according to the people who participated in this study, our reactions often fall short.

*Just compare it with cancer. They are two different diseases in terms of the support that you get. With cancer, you get visits and people dropping by and casseroles. But with mental health, no one comes by or asks about you.*

*We can all say that we wouldn't think about you differently if you had a mental illness...but would we?*

However, it would be too simplistic to say that we can offer only one of two emotional responses to someone suffering mental illness; between the polar opposites of compassion and indifference, we have an extensive emotional repertoire. According to the people who participated in this study, just what emotional chord is struck appears to depend on how we conceive of mental illness and its causes.



Participants who conceived of mental illness as something intangible – like a chemical imbalance in the brain or an inherited genetic trait – were more likely to accept that mental illness is unalterable and largely out of the control of the individual. Implied in this ‘forgiving’ view is that the individual is blameless for their illness and that they deserve heartfelt compassion and quality mental health care.

*With bipolar it’s a chemical reaction.*

*I knew that my Dad had had depression. He worked in the police force in Northern Ireland. When I found out about mine, I was like, ‘Damn you father.’ Then, my Mum said, ‘I’ve had it too’ and then I began to think that there was no way I could escape it.*

Participants who conceived of mental illness as something tangible – like a result of upbringing or drug taking – were more likely to believe that mental illness is within the control of individuals (or their families). Implied in this ‘judgmental’ view is that the individual is responsible for their illness and they are in some ways less deserving of emotional and clinical support.

*If you have cancer you can’t do much [about it] but if you have a mental illness people think you should fix it yourself.*

*If you’re going to whinge about it, change it. If you’re not going to try to change it then don’t bloody whinge about it.*

*There comes a point when you have to take responsibility for yourself. You can’t run to everybody all the time.*

*When it comes to depression it’s up to you whether you have it.*

Of course, people are not so easily categorised and even those people with the most polarised views will respond to identical situations in vastly different ways. As we witnessed, there is also a sizeable group in the middle who are neither wholly forgiving nor wholly judgmental but who are open to seeing mental illness as more complex. These people are unfailingly compassionate.

*It has to be something in the genetics to start with, then the environment.*

*They tell us depression is real and that it has a biological basis but I’m not sure that psychology is such an exact science.*

*You can’t just say it’s up to you whether you get depression. There are of course a lot of factors involved and people that have it can’t help the way they are.*



At the other end of the spectrum are those people for whom the world is very simple. They are not just judgmental but bigoted, insisting that mental illness is really just the result of a deep character flaw, or worse, fraud. Sadly, these people are devoid of compassion.

*It's not because they have a mental illness. It's because they're mentally weak.*

*I honestly believe that. It has nothing to do with mental illness. It depends on how mentally strong you are.*

*It's not that you have nowhere to go. It's the easy way out.*

## **2.2 We're unsympathetic to what we perceive to be self-inflicted mental illness, for example, through drug use**

Even those people who hold a generally 'forgiving' view toward mental illness say that they suspect drugs and alcohol contribute to the mental health burden in Australia today. As a result, there is a sense that at least some amount of mental illness is self-inflicted.

*Alcohol is the number one cause of depression and anxiety.*

*Drugs themselves are mind altering, so obviously that is what triggers the change in people.*

Several participants said that recreational drugs have changed in recent times making them more likely to contribute to mental health difficulties. In particular, participants mentioned that the marijuana on the market today is stronger than what they might have purchased when they were younger. Some were aware of studies linking marijuana use to schizophrenia and other mental health conditions.

*I went to school with a lot of people who smoked a lot of weed back in the day. And most of those experienced a mental health issue of some sort. A lot of depression...*

*My cousin's been diagnosed with it. It was brought on by heavy amounts of drug taking – marijuana mostly.*

Others mentioned the spread of so-called 'designer drugs' into the mainstream and speculated on what impact these newer products might be having on young minds.

*Respondent 1: What about substance abuse? Is mental illness on the rise today because of drugs?*



*Respondent 2: Massively if you ask me. I mean with all the designer drugs these days. Even marijuana is stronger now than it used to be.*

*Respondent 3: Yes, marijuana is the one. It causes schizophrenia, they say.*

Still others noted that new highly-addictive, psychotic drugs like methamphetamines are working their way through the community, adding to the already heavy mental health load faced by hospital emergency departments across the country.

*From my experience, I reckon a lot of people are doing it to themselves as a result of drugs. What did I read; seventy percent of admissions to hospital for mental illness are for drugs?*

*You see the reports of them not acting human, being picked up by the ambos. Once these kids have fried their brains there's nowhere to put them. They're a self-made mental health issue.*

### 2.3 Suicide provokes strong, sometimes contradictory, emotions and reactions

'You never forget' is what many participants said about the suicides that touched them, their families, friendship groups and workplaces. Many of the people who shared their stories used the names of the deceased – Georgia, Michael, Johnny – in tribute. It was almost as if the occasion of the group discussion gave them the opportunity to raise a rare public memorial.

*This thing about Georgia – it's affected all of us. Every time I hear anything remote – anything at all – like a rope- it's like yep...my friend hung herself...it affects the mental health of everybody around them.*

The sheer number of suicide accounts collected through the fieldwork for this study is a finding in and of itself. Clearly, suicide leaves few of us untouched, even if at a distance. However, for those close by, suicide can have a devastating impact.

*The effect on that family of what he did and how he did it was devastating. His parents broke up and eventually his mother also took her own life.*

Suicide provokes strong, sometimes contradictory, emotions and reactions among those who are left behind. One of the most oft-mentioned emotions was anger. We can only speculate why so many people reported that anger was the emotion they felt first and most forcefully; perhaps they feel angry because they are left behind or perhaps they feel anger because suicide is the ultimate waste.

*The people who are left behind are angry, didn't see it coming*



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*My sister's boyfriend shot himself. She won't talk about it; she's really angry, bitter. He always used to say I'm going to kill myself.*

*Respondent 1: I can't think of anything more sad than going to the funeral of someone who killed himself.*

*Respondent 2: I think I'd be angry.*

*Respondent 3: I am angry when people die of cancer too but this would be different because there is no notice.*

'Quiet acceptance' is the closest counterpoint to anger in the context of suicide. The people who had this sort of emotional reaction to suicide also displayed deep empathy with the plight of the deceased.

*I have a soft spot for people who commit suicide. It is a hole you can't get out of.*

While there is no 'right' or 'wrong' when it comes to suicide, judgmental phrases and language permeated numerous conversations. Whether a suicide is motivated by selfishness or selflessness came up in multiple group discussions.

In recounting suicides with which they were familiar, some participants lashed out, labelling suicides selfish. Others were more apt to acknowledge that people who suicide are unlikely and incapable of considering the needs of others when committing such a drastic act of self harm.

*A house mate took sleeping pills. I didn't know what he'd done. If he hadn't died I might have thrown him out of the window, selfish prick.*

*People who suicide aren't capable of thinking of others.*

Whether people suicide for altruistic reasons is difficult to know. One participant who attempted suicide said that she had penned an altruistic sounding note while another wisely observed, 'Suicide has to be about yourself.' However, neither view accounts for the sad case where someone might take the lives of others along with their own.

*One weekend after an argument with my husband I wrote a note explaining how worthless I felt and that an insurance payout from my death policy would leave everyone better off.*

*Like with Michael, at school he was really quiet. He was a nice kid bent over backward for his family and stuff. And then all of a sudden he took his two kids [killed them and then himself]... And I automatically thought it was depression... He obviously didn't get help for it or thought he was okay and didn't need help for it. I think he came to the conclusion that, 'Stuff this.*



*There's not going to be enough help here to help me get my kids out of a bad life and the system is going to send them back to their mother,' and 'What sort of life will they have?' And he thought, 'Well, that's it.'*

Closely connected to the idea that suicide can be selfish is the related notion that it can be vindictive and retaliatory. While people in discussion might say that a suicide was vindictive just because it took place on such and such a date or such and such a place, they would also agree that it is impossible to know the mind of a suicide. Interestingly, while suicide notes are generally featured in media portrayals of suicide, not one was mentioned in the course of the fieldwork for this study.

*They pick their times too. Look at Henry's nephew; he did it on Mother's Day. Now that's what his mother's got to look forward to every Mothers Day – it's like a memoriam 'because my son hung himself'. That's terrible.*

*Especially with kids when they do it they say 'if you don't let me get my own way I'll do it'...and they do! A lot of retaliation – I'll get even with my parents.*

*What angers me is the way just minutes beforehand [he shot himself in the head] he told his mum he was going out. Then, he parked the car just outside by the side of the road in full view of the farm gate where shortly after his mother would emerge in her car with the younger kids.*

Listening to participants it seems far more likely that whatever theories we advance for the motives of a suicide are simply our attempts to reverse-justify or romanticize something that is difficult to accept and impossible to comprehend.

*I disagree that it is selfish. It could be selfless. Someone might think that other people would be better off without them.*

*They think if I'm not here it will be better – that's why they do it.*

*You just can't say they're selfish. You've got to know what's going through their minds. There are so many people under the pump.*

Perhaps we concoct theories to rationalise the irrational or perhaps we just can't resist the urge to engage in pointless, oftentimes judgmental, commentary on suicide, but it was a topic which generated a huge amount of discussion among participants. One question which arose in more than one discussion group was whether suicide was cowardly or brave. It's almost as if there are degrees of suicide and that one way to stave off grief is to eulogise the deceased as having been brave in death.



*Respondent 1: If you take tablets that's the coward's way.*

*Respondent 2: You have got to be brave to do it.*

*Respondent 1: I still reckon I'd be too gutless to do it.*

*Respondent 2: You can't really say that. Maybe those that did it said the same thing. Something just clicks.*

## **2.4 We're particularly harsh on people who we believe are 'faking it' or exaggerating their condition to manipulate us**

According to the people who participated in this study, we don't like it when people use mental illness or suicide attempts as excuses, to seek attention, to manipulate us or to test our gullibility. In short, faking it makes us angry.

Using a real or imagined mental illness as an excuse was seen as a form of blame-shifting by participants. While the 'doctor's note' is a much-abused free pass out of an exam or other obligation, mental illness is seen as being even more open to manipulation since doctor's notes are not generally required to substantiate a mental illness, at least for short periods.

*There are two types of people: One who says I'm depressed because I'm struggling. Other person blames everyone else and is looking for excuses.*

*Some people just complain and blame.*

*It gives them an out for their behaviour.*

While various attention-seeking behaviours are a common feature of the teenage emotional landscape, using mental illness to attract sympathy arouses particular anger. Not only do we not like to be duped into paying attention to an undeserving adolescent but we fear every confected mental illness diverts precious medical resources from deserving patients.

*I like to be supportive, but my niece, it's all about me, she had tantrums, she cut herself. Is this for attention?*

*We pick up the same people repeatedly when we could be looking after the more legitimate ones instead of these self-harming ones.*

*At school people were faking depression. These people were getting the attention when other people had the real mental illness.*

*One of my friends girlfriends', she had about every possible thing underneath the sun – like manic depressive– bipolar. Sometimes I kind of wondered if it was for attention sometimes too though. A couple of things happened to her*



*when she was younger, she didn't have a very good family life and stuff, but, after getting to know them sometimes I could see her playing on it. I don't know if it was sometimes to get attention so she could bring it back up again. She wasn't well, she was on that many medications and stuff but they didn't really do anything for her.*

Emotional manipulation is particularly irksome to those subjected to it because it plays on two sets of emotions simultaneously; it plays on the feelings the subject may have for the initiator, and; it leverages the inherent good will people feel toward someone in distress. To discover that one has been manipulated in such a way provokes strong anger.

*I had an ex-girlfriend and we had just broken up. And she rings me up and we start talking and she starts telling me about how she's just fucking gone and cut herself because it's my entire fault because we had this argument and had broken up. How fucked is that?*

*So then there was another one when my sister did it. She insisted she had to go live with my Dad. My Dad doesn't give a fuck. He just sends her to boarding school. His wife doesn't care for kids and he's got his career on his mind. So she did the whole slashy slashy just for attention. So I called her up and told her 'you're a fuck-wit'. Like I said – I don't deal real well with it. I get really pissed off about it.*

Although empty threats of self-harm and suicide test our gullibility, we wouldn't mind if the consequences of calling a bluff a bluff weren't so deadly. Partly because it is so difficult to distinguish bogus warnings from genuine ones and partly because we are told to take all threats of self-harm seriously, an empty threat is upsetting.

*I've heard that if people talk about it, you should take it seriously.*

*Aren't those that talk about it least likely to do it?*

*It's a silent killer; they keep it in then bang!*

Ironically, participants said that they were more likely to conclude that a threat of self-harm or suicide was just a threat because anyone who was intent on taking their own life would keep quiet about it. Listening to participants it is almost as if they admire the deadly seriousness of the silent types and ridicule those who vocalise their pain.

*I thought it was a cry out for attention. If you were serious about it...you wouldn't tell anybody.*



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*You just can't see the signs among those who are intent on doing it. We have had three at work in the past eighteen months and I didn't spot it in any of them and I am trained to recognise the signs. The ones who do it are the biggest shock.*

*My friends got sick of hearing a friend saying he was going to do it.*

Even when people state that they are going to take their own lives, we struggle to really absorb and comprehend the warning. In a perverse sort of way, we expect and prefer to be lied to.

*I was talking to Johnny the week before he killed himself. And he told me, I'm going to the doctor on Monday and if he tells me I've got to have another operation ..That's it!! And I said to him you better not be talkin' stupid here. And he said, 'No. I'm telling you now'. A lot of the time people are telling you but you're not really listening.*

*Sometimes you just never think that they would go that far. Sometimes you think that they're just saying it, because... I don't know, because they just want to vent. But you just don't think they'd do it.*

Suicide is an incredibly violent act, committed suddenly, seemingly impulsively. The fact that empty threats are more common than suicides prompts some to ask, 'Did they really mean it?' Or, 'Was this a horrible case of misadventure?'

*I think a lot of them do it suddenly. They do it quickly so that there is no possibility of backing out.*

*Some people don't give off signs at all. My uncle killed himself because he thought he was doing the world a favour. But did he plan it? I don't think so. He just got up one morning, made his bed, and went out and hung himself. Now, why would he make his bed? He must have thought it was a day just like any other.*

*Apparently, my sister had tried to commit suicide two times before but each time she was found. There is some question about whether she hoped to be found the last time too. She thought her husband and son would be back in about an hour. She took a bunch of pills but then they didn't come back till almost dinner. By that time, she was dead.*

*I heard somewhere that when people slit their wrists they start to have regrets shortly after but by then it's often too late.*

*I don't think that teenagers fully realise the finality of their actions when they attempt suicide.*



## 2.5 Adult children say that they resent having to parent their parents with mental health difficulties

Perhaps because mental illness is such a 'grown-up' thing, participants who had parents with a history of mental illness said that they resented having to parent their parents. Parents normally shield children from the darker side of life, not the other way around. For these participants, the role reversal was deeply disturbing and anger provoking.

*My mother-in-law tried to commit suicide. I recall how angry my husband was. He was angry with his Dad. He felt that he should have to deal with it, not him.*

*My Dad used to hit the booze pretty hard until he stopped. Then, one day I got a call from his girlfriend and she said that he'd fallen off the wagon. So, I went over there and he wouldn't let me in. I went around and knocked on all the windows and everything. I got really pissed off because here I am the son reaching out to help when he's the father and he should be helping me.*

*Respondent 1: I finally had to put it on the line with my mother. I said to her, 'You've already lost three grandkids and you're about to lose another two if you don't stop with your nonsense.' I didn't speak to her for a long time. It took her almost eighteen months before she sorted herself out.*

*Respondent 2: It's like we've become the parents now. And I resent it.*

*Respondent 3: Yeah, but what if their disability was physical instead of mental. What would you say, 'I won't push the wheelchair?'*

## 2.6 What does it *feel like* to have a mental illness? To suspend judgement we need to walk in another's shoes

While we can empathise and intellectualise about mental illness and its impact, we can't really suspend our judgments about it until we walk in the shoes of a person who has experienced a mental health difficulty. The research team observed participants describe, to the best of their ability, what it is *feels* like to have a mental illness. The analogies they used are graphic and telling.

*Imagine that feeling during a hangover; imagine living in that state all the time, that's what it might be like to have depression.*



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*At uni we had to wear headphones with voices, as a psychology assignment. Imagine having to deal with that your whole life.*

*You become a completely different person; not like with a broken leg which you can handle. All you can seem to focus on is your mistakes and what an unlovable person you are.*

*It's difficult to describe how hard it can be for someone who is depressed. It's like a smoker trying to explain to a non-smoker how impossible it is to quit.*

According to participants, people who have not had a mental health difficulty find it hard to understand the impact a mental illness can have.

*People who haven't really suffered from depression don't really know what it is like. It's amazing how much it can put you down. Sometimes, the traffic on the way to work would stress me out so much that I would have to turn around and go home.*

More than any other, the word 'relentless' stood out from all of the accounts. The monotonous predictability of the disease was said to be the most difficult to bear. Some said that the cure wasn't much better than the disease at providing relief; drugs might take away the pain but they have a monotony of their own.

*I think for those who suffer from depression it is relentless. It's like being in the tropics during the rainy season – you just can't escape the feeling. When you wake up in the morning it is 30C and 100% humidity and when you go to bed it is 30C and 100% humidity. In Darwin, they call it the suicide season because a lot of people kill themselves at that time of the year.*

*I think I can understand how painful it is. My sister was very unwell for many years. She said that she would be so happy and then so sad when all she wanted to feel was nothing. The drugs make you feel nothing but she didn't like that either because then you just feel drugged.*

For carers, the opposite is true. The unpredictability of mental illness is the painful bit. To always be on edge is exhausting both physically... and mentally.

*We have a colleague at work who doesn't quite know how to deal with her husband. He broke his arm and one of the medications triggered a severe mental illness in him. It happened very gradually so it was hard to monitor. His problem is that he goes out and spends money but doesn't remember anything. The other day he went out and spent \$4,000. When his wife got the credit card statement she showed him and asked him what he purchased. At first he denied it. Then, he couldn't remember where he put any of the stuff. The other day, he went to the bank and tried to get a loan.*



*When she found out, she called the bank to stop it but they wouldn't talk to her. She had to get him to make the call. It has been very frustrating because there have been all of these surprises.*

*It's hard to feel joy if your affected as a carer in the family. You're constantly expecting the news that mum has overdosed.*

*I've got mental illness all the way through my family – on my mum's side – my Aunt's pretty out there. She has some sort of autism or Asperger's or whatever. She'll be like a normal person and then she'll have a relapse she'll be like a child again. I've seen like four blokes try to calm her down and get slung around – it's fucking nuts – crazy as.*

*It's very difficult for carers. One minute the person with dementia can be okay and the next minute they turn terribly aggressive.*

## **2.7 Can suicide ever be justified? Or, is it always a product of untreated mental illness?**

Throughout most of the discussions that took place across the country, it was almost assumed that suicide is the end result of untreated mental illness. However, some said you don't have to have a mental illness to commit suicide. While there were some participants who felt that suicide could be justified in certain circumstances, there were other participants who felt that there were no situations where one could justify taking one's life.

Some participants felt that suicide might be justified on practical grounds. For example, to avoid a lifetime jail sentence or to foreshorten a terminal illness.

*Respondent 1: Is there ever a good time?*

*Respondent 2: If you're gonna die?*

*Respondent 3: If you're gonna go to jail for the rest of your life?*

*Respondent 4: There's always another option.*

*I can understand some reasons for why people want to kill themselves such as getting a life sentence or facing a painful death.*

Other participants said that suicide could conceivably be a rational response to the irrationality of psychological abuse, perpetuated by a bully, an inhuman policy or authority.

*I think suicide is motivated because of circumstances of life and not because of mental state or health. If I am getting bullied every day, and I feel the same way every day, I may say my life is not worthwhile and kill myself.*



*You hear about these kids getting bullied at school or bullied on Facebook. If you've had the worst day you've ever had and you picture every day being like that – and not seeing things getting any better and not knowing how to deal with it – I can sort of understand why they do it. I don't agree with it – but I can see what would get them thinking that way.*

*It's all about desperation. If people are desperate, you can do anything. At the world trade organisation there was this conference and along came a farmer and killed himself. He was complaining about trade rules; about how a farmer who produced coconut on his farm gets less money than the multinational corporations that are taking from the farmers and selling it outside. So, to protest the plight of all the farmers, he went there and killed himself and made them aware of the problem so they would do something about it.*

Seeing suicide as a form of euthanasia makes the question morally murky. If it could be acceptable to use suicide to end the pain associated with a physical disease in some circumstances, why then would it be morally wrong to consider using self-harm to end the pain associated with a mental illness in other circumstances?

*You know my brother contemplated taking his own life. He talked to me about it. He would have done it if he hadn't gone downhill so fast. And, I'm pretty sure I would have supported him. So, if we're saying it is okay to kill yourself if you have a terminal illness like cancer, why isn't it okay to kill yourself if you have a mental illness that isn't going to go away? What would we think of that?*

*My wife has asked me if I would help her to die if she was in such a situation. Of course I could not do it.*

When suicide becomes a moral question, organised religion has a definitive response: suicide can never be justified. In the Christian tradition, suicide has traditionally been considered a sin because it represents a rejection of the hopeful message of Jesus. According to some religious participants in this study, there can also be consequences meted out in the afterlife for those who die by suicide.

*Suicide is not God's plan. God's way...God is for healing and restoration, and put out good light and good joy. Whereas, suicide is the exact opposite.*

*I don't think they seem to realize and understand that if you commit suicide there's no parish that's going to bury you – no parish whatsoever. You have to have a graveside service. No church service or nothing like that, to pray for the soul of that person because you took your own life, you chose to take*



*your own life. Because we believe that they're playing God to do a thing like that.*

*I always tell my mob, my kids, don't you commit suicide because if you commit suicide you go straight to hell. That's a deterrent. I say – none of youse – don't think that by doing that that you getting the easy way out coz you won't- you'll end up in a worse place.*



*Can we talk... about mental illness and suicide?*

### 3. Despite more public openness and acceptance, we still harbour private reasons for keeping our secrets secret

While some participants said that they appreciated the ‘excuse’ of a group discussion to talk about mental illness and suicide, it is clear that talking about these issues is not the norm. We don’t because there are still powerful forces which ensure we keep our secrets, secret.

We impose our own barriers to sharing our experience with mental health issues in response to a large number of fears: we fear that we won’t be believed or that we won’t be taken seriously; we fear that people will judge us or treat us differently and; we fear that a diagnosis will change how people see us.

#### 3.1 We self-impose barriers to disclosing a mental illness or suicide

It’s natural to withdraw if you have a mental health difficulty according to the people who participated in this study who had experience of mental illness. While getting out and about may be the best treatment, several people said it is among the last things someone who is in pain is likely to do.

*When I’m not feeling well, I don’t leave the house. That way I don’t have to deal with the questions.*

*I’m glad I can finally talk about it now but when you’re going through it the last thing you feel like doing is going to some group.*

Some participants with a history of mental illness said that they withheld information about themselves out of fear that they wouldn’t be believed. Others say that they are reluctant to talk about their problems because they won’t be deemed serious enough to warrant sympathy or treatment; unlike an injury or other physical complaint, you can’t point to a mental health difficulty and say, ‘It hurts’.

*People just don’t recognise the signs of depression. There’s not enough education about what the signs are. My parents had no idea about me really. It’s not even until you get really bad that people will believe you.*

*I thought that once [my ex-husband and I] broke up and he had threatened my life I could report him to the police so that he could get help. However, given my history [of mental illness] and the fact that he presented so well, they didn’t take me seriously.*



*When I was depressed I didn't want to talk to anyone because I didn't feel I had anything to be sad about. People are going to be like – you have no reason to be sad – get over it.*

Disclosing a mental health difficulty is a risky business apparently. There's the risk that your secret won't be kept but there is also the risk that other people will treat you differently; or worse, judge you.

*Here in Australia – because of the way our society is set up – I live in my own room. I don't have close friends here so I would be scared to say 'I want to speak to you about this'. I would wonder who would keep my secret.*

*Talking about, telling people, that you have a mental illness or are suffering is a risk and it's embarrassing. People would treat you differently.*

*If you've got HIV or cancer, you get sympathy, if you've got a mental illness, you get stigma.*

*If you tell someone you have schizophrenia at a party, they won't sit with you anymore.*

Self-imposed barriers are a reflection of our own attitudes toward mental illness and suicide. We might hide the cause of death of a suicide to hide feelings of shame. Sometimes, the shame can come from a generalised feeling that suicide indicates a deep flaw in the make-up of an individual or family or it can come from a sense of personal failure.

*I think there's still so much shame because we can't say 'Oh, it's so sad that your sister killed herself'. Whereas, if she was in a car accident you could say, 'Sorry she was in a car accident'.*

*Respondent 1: We have a colleague at work who is a mental health nurse and her nineteen year old son suicided. It was very sad. But now when she talks about him she says that he died in a car accident. She doesn't want to admit that there were problems in the family. It was a shame that she felt. It's too bad because she could help people so much more if she talked about it.*

*Respondent 2: I guess, you can talk about it when it is distant but not when it is so close to home.*

Other people withhold information about the state of their mental health out of real-world fears for their jobs and careers. The situational context where we encounter someone with a mental illness can influence how we treat them. Some people work in professions which provide critical services to the public, like child



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care workers or pharmacists. While we might take a supportive view in other circumstances, we could be less-forgiving of someone who has a serious mental illness when they are in a sensitive role or position of authority. While no amount of discrimination is acceptable, some people justify their view because of the potential for danger.

*[Working in a pharmacy] In that situation – if the person’s handing out drugs you can’t discriminate against her because she’s got a mental illness. But at the same time she could kill people. She could give a pregnant woman something that she’s not suppose to have. Getting a note from her doctor [to explain why she forgets things] is not going to save people so in that case you’ve got to discriminate against her and say ‘this is not a suitable job for you – go and sell shoes’!*

*The only place I have been careful [not to talk about my illness] is at work because I don’t want them to treat me differently...especially, since I work with children.*

*Respondent 1: I couldn’t talk about that with my work colleagues. It would be detrimental to my position.*

*Respondent 2: I don’t even take personal phone calls while I am at work. I don’t want them to know anything about my personal life; I’m the boss.*

Of course there is always a risk that a mental health issue will surface unexpectedly. We heard stories of people who have had accidental encounters with customers or bosses because they have missed a dose of medication.

*I know about this guy at work who gets really aggro on the job and will schitz it at a customer if he doesn't take his pills.*

### **3.2 There is a gender divide when it comes to talking about and seeking treatment for mental health difficulties**

Perhaps it is because women have more experience in interpreting and responding to signals from their bodies in the form of hormones or perhaps it is because post natal depression is relatively common, women are seen to be better at recognising and acknowledging a mental health difficulty than men. On this point, both sexes wholeheartedly agree.

*Girls vent... they express it and they get into little bitch fits, fair enough. But at the end of the day most of them get over it and move on.*



*I reckon women have to go through a lot more hormonal changes so they have a lot more ups and downs and know how to deal with it a lot more than males.*

*I think that all of us [women] here have been on anti-depressants at one time or another. Having kids and things gives you some experience. Men don't have that so they don't really know.*

*A lot of people try to minimise what is going on. They try to pass it off as hormonal. Men don't have the same things going on. They don't know what it is. Men get mad and angry when they are depressed.*

Men and women advance numerous theories for why men are not as good at monitoring and managing their mental health. Some believe that men are just not as good at taking care of themselves.

*Respondent 1: Men won't go to doctors for physical ailments, let alone mental issues.*

*Respondent 2: They can't cope. They think they can't be the provider, be the man, if they can't look after themselves.*

*Respondent 3: I have this friend and her partner, who is only 25, has prostate cancer and she can't get him to talk about it. He is depressed and very sad but he just won't talk and she doesn't know what to do.*

*Respondent 4: You feel like just taking him aside and saying, 'It's okay to feel this way. You're not insane; you're just unwell and there are people who can help you with this'.*

Some believe that mental illness is a sign of weakness in a man and challenges his identity as a husband, father and provider. Others say that disclosing a mental illness can bring a man's masculinity into question.

*They're told that they just have to 'deal with it' or 'man up'. It's such an Aussie male attitude.*

*I think men have a pride in them so they don't want to come out and say I've got these issues. So people will think you are weak of mind and not man enough to deal with your own personal issues. That's what men think.*

*If you show a bit of weakness in a mostly male society these days – especially up here [in Northern Territory] – they don't like that. Because then they feel kind of obligated-not to show their feelings-but they're uncomfortable with it. Its quite macho – especially up here in the northern territory – its real rough, 'bogany' type of place – I don't think they'd tolerate it much.*



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*My husband went mad with the anxiety believing in one instance that he had handed out non-sterile packs in the ward. He got treatment which helped but he still has the anxiety. He says he's not supposed to be like this; he's supposed to be a father to his kids.*

The problem for men is that they are not accustomed or comfortable with talking about their feelings. According to a number of participants, an angry outburst from an otherwise 'strong-silent-type' might be a cry for help, albeit muted.

*My wife [who has a mental illness] and I went to marriage counsellor. I was taught for years to ignore feelings. Women are more vocal, women talk to friends, and guys don't. This was the first time I talked to anyone about my feelings.*

*Traditionally, Aussie blokes don't talk about their feelings. It's not something you would talk about unless you know someone really well. You might if you sat down over one or six beers to discuss the meaning of life but you wouldn't under normal circumstances.*

*Men tend to want to save face. I've seen guys at work [at the police station] who have fallen apart. To look at them before you would never know. Then, all of a sudden there would be this outburst of anger. They go from being okay to just losing it; hurting themselves and drinking all the time. They don't go and talk to anyone until it is too late.*

*They just can't broach the subject with their friends. That's why they have a higher rate of suicide. They just can't talk about it. What's the most often used term for a man who wants to talk about his feelings – Princess?*

Aboriginal men are seen to be doubly disadvantaged. Not only do they face painful discrimination which can contribute to mental illness but they feel that they must endure in silence. Ironically, some aboriginal women say that because their men face debilitating disadvantage, they have had to be more resilient.

*Black men are in pain but suppress it. They sit down and are quiet because they are in pain. And I reckon that's all types of pain. We keep that pain to ourselves.*

*Because the indigenous men are the way they are, it puts a strain on us indigenous women because we have to carry the load. And in a way that's what's made us strong. We've become very strong because of that, because you have to.*

Rather than seek treatment, men disproportionately believe one should 'soldier on'.



*When I grew up you tried to deal with it yourself. It was regarded as a weakness. I've suffered from mental illness along with three of my brothers and you didn't want to talk about it because you were ashamed.*

*I just kept going to work during the time I had my breakdown. I had my responsibilities as a shop steward and I don't know how I got through it.*

*Don't worry, it's only a game. Just keep hitting the ball.*

### 3.3 Families keep mental illness and suicide in the closet

There is a popular strain of opinion which holds that at least some mental illnesses are passed down from one generation to another. According to the people who participated in this study, families keep these genetic secrets because they want to hide what they perceive to be a flaw in the fabric of their makeup.

*For us Murrie people it's a shame to admit – even to this day in 2012 – that there is a problem somewhere in your family.*

Some parents take it as an affront that their children might have a mental illness. It is almost as if they believe their children have contaminated the gene pool.

*My mother would feel responsible for my depression. With my parents, it was almost an insult, 'How could they have a daughter who is depressed?'*

Mental illness and suicide are common family secrets. While some participants were lifelong friends and confidants, they were surprised when suicide and mental illnesses in their friend's families were exposed through the course of the discussion.

*Respondent 1: My nephew killed himself about ten years back. He fell off a roof and couldn't do anything anymore so he put a shotgun in his mouth and pulled the trigger. It was hard to take at first but you gradually get over it.*  
*Respondent 2: You've never told us that and we're your friends. I've known you for 45 years.*

Some secrets are kept from other members of the family. Perhaps it is because they are too close or perhaps it is because the information could be used as emotional blackmail but several people said that some secrets are too secret to be shared.

*I didn't tell me Mom or my sisters that I was depressed because I didn't want the questions. Families are too close and they are often the cause of the problem in the first place.*



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*My family had to cut off my Uncle because he would twist the truth to get back at his wife and kids [after the divorce]. We still had a relationship with them and he knew that and tried to use us to get at them.*

*My cousin has schizophrenia and it is a big secret. I mean my parents and siblings know but no one in the wider family. It's frustrating for my Mum because she has depression and she would like to talk about it but there is this blanket of secrecy over everything.*

Some secrets are kept out of fear or guilt. Participants with a family history of mental illness said that they faced the future with dread that their ancestor's traits might surface at any time. Others were loathe to talk about their family's history of mental illness out of fear that by talking about it, they might bring it to life.

*When I was young I had a Mum a Dad and a sister with depression. Not that I knew at the time; they certainly didn't tell me. I thought it was normal for us kids to get up and fix our own breakfast while our Mum slept. I thought that is just how things were. Now, I have this lurking fear that one day I will wake up and it will be there.*

*My mother had severe depression. It skipped me but I am concerned for my daughter. I can already see the signs but I don't want to tell her. She is just eighteen and starting out in life and I don't want to cast a shade over that. You want to support your children and make everything okay for them but they have to discover some of these things on their own. You can't do it for them.*

### **3.4 There are strong cultural forces which discourage us from discussing and disclosing mental illness and suicide**

Different cultures have different ways of dealing with mental illness and suicide. However, what is clear from the participants in this study is that no one culture deals with these issues well.

*You wouldn't talk about those sorts of difficulties. If you did, the old Aussieness would come out and people would say you're a whimp.*

*I guess immigrant cultures like our parents' just aren't equipped to deal with it. They had worse things to deal with like surviving bullets flying over their heads.*

*Asian women treat one another [with a mental illness] like the plague.*



Australians like to think of themselves as tough and resilient and have even given themselves the nickname 'battler'. Perhaps it is for this reason that Australians (men in particular) are loathe to open up about their feelings. Given that a lot of Australian culture was inherited from the British, it is hard to have a discussion about our culture that doesn't subsume a discussion of all Anglo-Celtic culture.

*He was a typical old Yorkshireman, my father. You keep it all balled up. You're the head of the family; you can't let things get to you.*

*Respondent 1: I dated an Italian girl for a period of time and her family used to sit around the dining room table and talk about everything. Their culture helped them deal with things. I don't think I have a culture. We don't talk. I didn't have anyone telling me how to deal with things when I was growing up.*

*Respondent 2: Yeah. That's a pretty typical Anglo family. As soon as you are eighteen, you can't wait to get away.*

There is also a sense of isolation resulting from a fracturing of modern society and breaking away from social connections.

*How many people know all their neighbours these days? When I was growing up we used to climb the neighbour's fence and watch TV through the window. He used to shoot an airgun at us ...but... [Laughter].*

*Neighbours are important in your life system because, if you don't know your next door neighbour and you have an emergency in the house, he or she will be the first one to call the ambulance or whatever. But if you don't know your neighbours, you don't want to get involved.*

Using alcohol or drugs to deal with problems instead of talking is an unhealthy trait of Australian culture.

*In our culture we just get pissed. We use beer for everything, use it to celebrate and use it when we feel like life is shit too.*

*I was having a few issues so I was drinking, and the drinking I think brought it out more. I just had these underlying things and I'd just get so angry sometimes just at the flick of a button...and I was just drinking.*

*I found it was deadly when my parents broke up. I'd get home from school all day and they'd be carrying on like twats. And so they'd be like 'we're getting a divorced' oh -fucking hey it's about time just shut the fuck up. I used to go to the caravan park and get stoned instead of listening to*



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*their shit. It was far easier. Being picked on at school – them carrying on like twats – just couldn't get away from it. So I'd get on it and...seeya later! Smoke away the dramas...it worked for a while.*

As a country of migrants, Australia has a range of cultures and multitude ways of talking about and dealing with mental illness and suicide. According to a group of second generation Vietnamese men, the best approach might be to mix and match elements from Anglo Celtic and non-Anglo Celtic cultures.

*I just can't imagine telling my dad about my feelings or saying that I love him. I'm not sure there is even a word in Vietnamese for a child to express love for a parent and vice versa.*

*I reckon my mum must have [Post Traumatic Stress Disorder] from the war. One day when I asked her about the war I could see clearly that she was reliving the fear. I had no idea.*

*Growing up I appreciated values like the elder respect we have – I like that about our culture. But I also appreciate Western values about emotional expression. We can have the best of both worlds.*

### 3.5 Ultimately, our private thoughts are ours and ours alone

Ultimately, as the people who participated in this study observed, it's up to us what information we divulge about ourselves. While some of us can retreat into our own thoughts as a form of sanctuary, others experience the interior of their minds as a place of torture. Either way, other people can be oblivious to our state of mind unless we tell them. The fact that mental illness is intangible makes it easier to hide.

*No one knows I'm depressed, only my house mate; I'm really good at hiding it.*

*No one really knows what we're thinking. Even though I am quite open and I talk quite a lot to my friends and family, there's stuff in my head that no one knows about. If I don't want anyone to know that I don't say anything at all; it's as simple as that.*

Suicide is the most intensely private act of all. While we might engage in a lot of speculation about why someone suicided, the methods and timing that they used, it is impossible to know the mind of a suicide.

*At Yarrabah (an aboriginal community 50 km outside of Cairns) when there'd be a suicide you could bet that there was two more after 'em because it was sort of like a copy cat thing, you know. But, then again – we're saying that - but we really don't know what the hell is causing them.*



## 4. Australia's mental health system is straining to cope with burgeoning demand

While recognising and acknowledging a mental health difficulty is a challenge, the greater struggle is finding treatment.

As individuals, few of us are trained to recognise the symptoms and even fewer of us are trained to treat them. As noted above, we lack the practical know-how about how to treat even the most mundane mental illness. So, we defer and refer to medical professionals. However, even accessing the mental health system can be stigmatising and can discourage people from seeking treatment.

As a society, Australia's mental health care system is perceived to be overloaded by demand and under-resourced by governments. Increasingly, we get the sense that drugs are the default when there are insufficient resources of another sort. While we would prefer counselling over drugs as a frontline defence, we find that government-assisted counselling is in short supply and probably only covers the most minor of problems. When the sessions run out, Australians are then challenged to consider how much their mental health is really worth.

### 4.1 We're at a loss for how to help

Confronted by a friend with a mental health need, few of us would know how to respond, according to the people who participated in this study. While Mums across Australia readily dispense home remedies in response to a range of physical complaints, few have the same know-how when it comes to mental illness. Sadly, we lack an equivalent to chicken soup for the mind.

*No one is told what to do when they are depressed. The older generations certainly didn't talk about it. Do you remember being taught anything about mental health in phys ed in school?*

It's hard to gauge the severity of mental illness because it is so intangible. For this reason, people are uncertain just how they should respond. Perhaps because the consequences of mental illness can be deadly, some people say that they wouldn't engage at all; rather they would hand off the person to the first professional they could find. Others say they would respond in the only way they know how – with compassion.



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*If someone came to me, I wouldn't deal with it. I'd say go to the first professional person.*

*It's really hard to know how to deal with someone with depression because sometimes all they need is like 'Oh yeah you'll be right. I'll be here if you need some help' then other times you know they actually need medical intervention.*

*When someone told me they were at the point of suicide, I thought it's not my problem. It's not, but it should be someone's problem.*

*If someone was told me they were feeling suicidal I would hug them.*

Even when the decision is made to seek professional treatment either for themselves or for others, some people say that they would be uncertain about where to turn. According to some participants, general practitioners can be a source of expertise which is easily overlooked.

*GPs are trained in mental health but most people don't know that they can help out with non-physical things but they can. Not all are good at it though.*

*Even if an employer wanted to do the right thing [and help an employee who is dealing with a mental health difficulty], there is no support for them at all. They are completely on their own.*

Unfortunately, just because help is requested doesn't mean that it will always be forthcoming. Some participants had had frustrating experiences with police.

*I remember when your mum full lost it last year – the police wouldn't help. We called up the crisis team at the hospital and they were like get the police onto it, see if she's ok, bring her in for an assessment – this was all because she went off her pills by the way- and I was trying to get the cops to bring her into the hospital to get an assessment by the CAT team and they just didn't friggin' bother. So I was like, I know if my mum jumps in her car and she starts driving across the road and around, and she's not in the right frame of mind she's going to kill herself or someone, and I can't go anywhere near her because she's locked herself in the house. You just try to get through situations like that when you don't know what to do, when the people you're told to call and get help from don't assist you.*

*This woman called her daughter-in-law the other day when she had her grandchild over and threatened to kill the grandchild and then herself at the same time. Anyway, they called the cops and the cops couldn't do anything at the time because they had to go through 4 or 5 days of paperwork before*



*anything could get done. And that's such a long process if someone's threatened to kill themselves.*

Ultimately, the person needs to want to get better and needs to believe that others can assist.

*Respondent 1: Anytime someone would tell Dave that he was depressed, he would get really really angry.*

*Respondent 2: Until someone wants help, you can't force them.*

*I work with a woman who is from Serbia. You try not to listen in but you can't really help it in an open plan. I know that her husband abused her before he left. Now, her daughters call and abuse her on the telephone. She tries not to say anything but I know what is happening. The other day, she just hung up on one of them. She tries not to bring it up but it just slips into conversation all the time. I wish I knew her well enough to tell her to get some help, to join a group to help fill that hole. But you just don't know what to say.*

*We had this guy at work. He was a really good worker and had been there for awhile, so no one really worried too much when he stopped showing up Mondays and Tuesdays. He'd show up on Wednesday and be all up and enthusiastic. This one day he came in and was like, 'Hey Mate, we're gonna g-up now.' And, I said, 'What you do? A few lines today?' Pretty soon we saw him scratching. The next week he had a sore. And I said, 'Mate, you got a problem with ice or something?' And, he'd say 'Nah, nah, nah.' And, then he just stopped showing up at all. As much as you can recognise the signs and say, 'Here's my hand.' There's nothing you can do if they don't want help. You hear about programs for specific groups but how do you get people to take the step to access them?*

#### **4.2 The stigma associated with accessing the mental health system can be enough to put some people off treatment**

Stigma is a polite-sounding word for discrimination. Discrimination attached to mental illness starts in the schoolyard according to some of the people who participated in this study. Parents reported that their children were unwilling to consult a counsellor because they would be labelled as someone with 'problems'.

*My son has an anger management issue and he won't go to see the school counsellor. He says the counsellor will only ask if he has any problems with a girlfriend or friends. Maybe they should call them 'life coaches' instead of counsellors.*



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*My daughter will not go to the school counsellor. She says, 'I don't have any problems. Besides, people will call me things.'*

By adulthood, we learn how to self-censor to side-step the perceived discrimination associated with seeing a doctor for a non-physical ailment.

*I know that things have changed and everything but there are still some things that we don't talk about. I know that if I go to the doctor, I will come back and say, 'Oh, I just went and picked up some antibiotics.' But, if things aren't quite right and I go to see someone, you say 'Ah, I'm just going to the doctor.' I think you still have to hide it.*

The names of psychiatric hospitals become code words for talking about mental health issues. Callan Park, Graylands, Thomas Embling, Glenside and 'The Park' all evoke dark memories of a time when mental illness was shut away. Despite having changed significantly in recent times, the very name of a hospital can instil fear and foreboding, discouraging patients from seeking assistance.

*When you think of Graylands you think 'nuthouse' but there are only six beds in the locked ward. My friend was flipping out because she had to go there. You don't want to admit that you have to go there because of the label.*

#### **4.3 Some former patients and their carers warn against the potential for abuse within the mental health system**

Another barrier to accessing the mental health system is the perceived fear of abuse of vulnerable people. According to some people whose relatives have spent time in residential facilities, a strong family presence is necessary to prevent over-medication and to guard against sexual exploitation.

*He said Mum...anything could happen to her in that place. They gave her the injection and she was just out of it and there were male wardens that could take advantage of any of those females that are in there under that needle. Even when she came to, she said she started feeling herself to make sure she was alright and she wasn't sore anywhere and that.*

*At that time I was glad her boyfriend was there in her life. Because he was going there and checking on her all the time...and he would tell them people 'don't you give her any more than this amount' and he would be watching them, what they were doing. When it was time for her to have the medication he'd go an hour early so he could see exactly how much medication they were giving her. Because he said 'I'll go and report yez' ... he kept on threatening them like that, and so they would do the right thing. But there were people in there who were given over-medication and some of*



*them dudes [staff] were touching them up, and my daughter said 'yeah – it does go on Mum'.*

#### 4.4 Australia's mental health system is perceived to be swamped by demand

As noted in Chapter one, there is a sense in the community that the demand for mental health services massively outstrips supply. Perhaps it is because there is a higher awareness of the prevalence of mental illness generally or a just a sense that the pressures of modern life are taking their toll on more and more people, but several respondents mentioned that the system is straining to meet current demand.

*Just imagine all of the women with post-partum. There are 3,000 babies born each year in that hospital. That's a lot of depressed people.*

*If you've got a stress problem try getting in to see a doctor. It's not easy to get an appointment .*

*I don't think that the mental health system can cope with the level of problems there are these days. There's only so much they can do.*

Because there is such strong competition for services, some participants with experience in accessing mental health services report that would-be patients might need to exaggerate their conditions in order to advance up the triage list.

*Respondent 1: I had to almost injure myself to get help*

*Respondent 2: A client threatened suicide, the mental health team couldn't attend, and we couldn't get anybody.*

*Respondent 3: The Australian way of life is fantastic, but not the mental health system.*

*It's such a big thing. They're snowed under. I know that there are lots of people in Emergency who say they need help but you have to make way for the guy who is slitting his wrists. They need that bed.*

*The only real help we got eventually was when it just got out of control. It got to the point where my parents were begging for help and saying look, it's getting violent. It had to actually get to that point before getting assistance.*

Some mental health difficulties are urgent. According to some participants, the system struggles to provide assistance in a timely manner when it will have the most beneficial effect.

*Respondent 1: You need someone to talk to when you are in that frame of mind.*

*Respondent 2: Yeah you can't wait two months for an appointment.*



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*Respondent 3: They need to really look at where they are spending the money. Who wants to see a million dollars worth of fireworks on New Year's Eve.*

*Respondent 4: I'd give it up for a new hospital bed any day.*

*We had a woman present saying that she wanted to throw herself under a bus. You know it took us hours and hours of phone calls to get her in to see someone the next day.*

Because the system is perceived to be stretched to its limits, medical professionals are perceived to be only able to apply band aid solutions to the most urgent and pressing problems. There simply isn't enough time to provide an end-to-end solution.

*They give you eight free sessions through Medicare but when they're up, they don't follow up.*

*When I eventually told them in Emergency that I had taken the 50 pills I started to feel even worse. Then she went through a barrage of questions with her clipboard – I remember the clipboard. Eventually I got to see a doctor who said I was okay to go home. No referral, no follow up, nothing.*

*I eventually got my husband calling Beyond Blue which he did four times but no one ever rang back.*

*Following an initial assessment by her GP she was contacted by Psych Services who went into the home. But by the time she had the baby no one followed up to see her.*

#### **4.5 We reject drugs as the default treatment option**

While psychiatric treatments have advanced at a rapid rate in recent years, assisted by the proliferation of a range of new medications, participants were mixed in their assessment of them.

The most common criticism from participants is that psychoactive drugs are considered the 'default option' for patients and doctors alike. People who subscribed to this view would be most likely to say that drugs are 'an easy way out'.

*I went to a doctor and he straightaway suggested medication. And, I was like, 'hold on, I'd like to consider other options. I was just so annoyed that he would jump to medication first without even considering any of the other possible treatments.*



*A lot of people think it's easier to just take the drug than work through the issue.*

*All the GP really did to treat me was to progressively increase the dosage of my antidepressant medication.*

Others with direct experience of mental illness said that drugs have a place and purpose and questioned why sufferers wouldn't take them if they help them get over a difficult patch.

*Being medicated kept me stable. I went through some pretty horrible stuff. My husband hit me a few times and then he left. The drugs kept me going.*

Some said that they felt that other alternatives should be explored before drugs are prescribed because of the dangers that they pose: dependence or unpredictable side effects. Others said that they should not be prescribed at all in certain cases, like pregnancy.

*Fifteen years on anti-depressants. Shouldn't there be some other sort of approach?*

*The mental illness is, at the end of the day, the fact that we go to these fucking people and then you get on their chemicals.*

*They (antidepressants) made me feel like wanting to kill myself for the first few days. I needed to be told that they could have that effect.*

*I didn't want to get hooked on some drug that I would be on for a year. I want to get pregnant and that is my priority.*

Young girls and their doctors were the ones most criticised for subscribing to medication needlessly. Some felt it set a dangerous precedent early in life.

*They seem too ready to give me medication. It only took one counselling session and one GP appointment to for me to be put on antidepressants when I was 16 years old.*

*Children age 14 or 15 are given pills. If it was my child I would want to do something else first. I don't like tablets but if they were suicidal you have to.*

*It's too easy for a doctor to prescribe pills.*

*The doctors put them on anti depressants too quickly.*



*Awareness [of mental illness] might get better. Treatments might get worse. For example we now have seven year olds on medication.*

#### **4.6 Counselling is widely-praised but seen to be unaffordable without government assistance**

Talking about mental health issues is seen as the fastest route to resolving them. However, given the sensitive nature of the information and the general discomfort we express about dealing with mental health difficulties, many participants said they would look to a professional counsellor to help. Among those that did, counselling was widely praised as being highly-effective with several advocating that counselling be offered in combination with other forms of treatment.

*I saw a counsellor, it was the best thing I had done.*

*I fly the flag for therapy. I think that everyone should go.*

*Before they put them on the happy pills they should do counselling.*

*Ultimately what stopped me from hitting the pole with the car was how I discovered through counseling that I was a lovable person. Many blokes don't open up so they can work it through, but this is starting to change.*

Given that the mind is a mystery to so many of us, it is not surprising that some participants said that they valued counsellors for their ability to explain the inner workings of our psyche to us. To these people, understanding is as good as a cure and reassurance that you're having 'normal' thoughts is of great comfort.

*I just needed it explained why I was doing the things I was doing.*

*It took me hitting rock-bottom eventually and going and seeing someone. I saw this lady twice and she just explained it to me – how if something does happen to you at a young age you start acting on impulses and all this kind of stuff. I just needed it kind of explained to me I guess. It really helped.*

Although government-assisted counselling has only been available for the past five years, there was widespread awareness of its availability. However, the pre-set allocation of ten sessions per person is seen to be insufficient for all but the mildest difficulties.

*You can get ten or twelve free sessions through Medicare but there is very little in the way of regulation about what qualifies. The first doctor I went to just handed me the form and off I went. Then, I got a much more thorough doctor. She asked me all of these questions. She asked me if I could cope. I*



*told her that I can cope BECAUSE of therapy. I don't want to have a breakdown just to prove that I need treatment.*

*I think everyone qualifies for up to ten sessions under Medicare but they make you get a second referral after six. Six weeks is just scratching the surface. If you're going once a week which is about right when you start out, you find yourself out of sessions after a month-and-a-half. Then, you have to choose how you are going to spread out the remaining four. Are you going to use one a month and spend the other three weeks stressed out. They should just make mental health available to everyone.*

Government-assisted counselling seems to end just as it begins to make headway. Unfortunately, when the assisted sessions are exhausted, a person is left to consider just how much their mental health is worth.

*Respondent 1: Why is it so expensive? I feel I should be seeing someone but I don't really feel that I can afford it. You try to put yourself first and take care of your health needs but the financial pressure of going just adds more stress. By the time you have paid for the session and then all of the drugs and extras you can end up paying \$500 per visit.*

*Respondent 2: They only care about the paying customers. I lost my job and was quite upset when I called to cancel my appointments and they didn't even ask if I was okay.*

#### **4.7 Our knowledge of 'the system' and the treatments available is seriously out-of-date and stuck in cliché**

Mental health care appears to be viewed with a higher degree of scepticism than other forms of health care.

*Respondent 1: Therapy has the same rate of success as medication.*

*Respondent 2: I disagree. I don't think that it works at all. It really depends on the person that you get.*

*Respondent 1: Whatever works.*

*Respondent 1: Those you do hear about don't seem to be doing that well. Look at Ben Cousins or Matthew Newton. They have the money and they have been to these places but they don't seem to be getting better.*

*Respondent 2: Well, I guess they are just trying to get the medication right. Some of them have had problems all their life. Matthew's mother said that she knew he had it from a very early age.*

Responsibility for whether or not treatment for a mental illness is effective is seen to be as much the responsibility of the patient as it is of the doctor. In part,



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effectiveness seems to depend on our willingness to openly confront our issues and to overcome the internalised stigma we associate with the mental health system.

*The doctor was not able to draw out anything from me despite there being plenty of opportunities afforded by my regular visits for one thing or another. I never felt I could open up and get past the shame and embarrassment.*

*Towards the end of high school you hear about mental health programs Beyond Blue and you see the toilet door adds for Bipolar, but if I was depressed I don't know if I would consider any of these as an option.*

Therapy is one form of treatment which depends on the chemistry between the patient and the counsellor, according to some. However, others might just as quickly point out that the need for 'chemistry' is just a myth which has been propagated by people who are unable to open themselves up to the process of therapy.

*You just don't want to have to sift through all the useless counselors to get to one that's going to work for you. It not quite the same thing as finding a GP you like.*

*My sister says 'Therapy doesn't work for me' because she had a therapist she didn't like.*

*I attempted counseling the full cost of which had to come from my pocket. The five sessions I could afford was the biggest waste of time, as I found the counselor patronizing and indifferent.*

How treatments are viewed can have as much to do with ingrained stereotypes as with current knowledge. Electro shock therapy is one treatment that has undergone a resurgence in clinics across the country but which is still viewed through the prism of history.

*What has shock treatment got to do with chemical imbalance?*

*Shock treatment, that's archaic. Like in, 'One Flew Over the Cuckoo's Nest.'*

*I was really surprised because this lady had this massive flip-out and got put in the mental place. And, I wouldn't have thought they did it any more but they like 'zapped' her.*

*I had a real eye opener a few years ago in the local psych institution where they lock them away and if they did not get better they gave them electric shock treatment.*

An enduring myth is that all hospitalisations for mental health difficulties are involuntary and permanent.

*If you are put in an institution you may never get out.*



#### 4.8 We need to do much more than ‘fix problems’

When our mental health is good, we are generally oblivious to it; it is only when we encounter a difficulty that we are likely to take notice and seek out medical attention. For this reason several participants noted that Australia’s mental health system seems to be satisfied with ‘fixing problems’.

*I believe that everyone needs a counsellor. Unfortunately, we don’t tend to go unless there is a problem. Our system is geared to fixing problems, not preventing them from happening in the first place. We just wait for it to be broken and then we fix it.*

Perhaps it is because the mental health system is stretched to its limits or perhaps it is because we use a piece-meal approach to treating mental illness, participants were able to cite examples where the system had failed and failed repeatedly to treat a recurring illness.

*I had an uncle who tried to commit suicide three times. Each time he would go to the hospital and they would ask him how he felt. He would say that he felt fine and then they would let him go. Finally, he killed himself. How is that a system that is working?*

*We have a friend and he regularly gets depressed every five years or so. It’s a predictable pattern. First, he feels depressed and withdraws. Then, he starts missing work. Then, he loses his job. It has happened three or four times now. Each time they fix him up but why isn’t anyone looking at this man and asking what they should be doing to ensure his depression doesn’t return. It’s like they are just fixing problems but they’re not getting at the cause.*

Given that there are many players within the mental health system, coordination is needed in order to deliver a complete solution for patients. Unfortunately, when the linkages break down, the patient suffers.

*I had a lady come into the pharmacy the other day – and this is to do with just the way that the health system isn’t helping. She’s a lady that has to come in and get her meds distributed to her each week because otherwise she just tries to OD herself all the time. And she’s been there for the past 3 years – doing that – coming in weekly. But for the past few months she’s been coming in and she’s not getting her mental illness medication anymore. She’s just getting calmatives. But she should be taking them because when she comes in she’s got scratches all down her arms. And now for the past 2--3 weeks she’s come in with gashes on her neck even but she’s covering them up with scarves. She came in the other day with a cast on her arm but didn’t*



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*say why. And we ring her doctors and she has like a health carer that she has to go to, her psych even – and they just say what scripts does she need?and we say she doesn't need scripts she needs help! We need to get her back on to the medication so she can think right again, and someone needs to make sure that she's taking it. But they go 'oh, no, we'll just give you the valium script again. And I'm like – well, that's not helping. She's coming in every day and asking for cold and flu tablets when I know she doesn't need cold and flu tablets – she just wants somebody to talk to. So it's just like there's people out there that are like – oh well, I'll just give you a script – and you's can deal with it!*



## 5. Can we talk?

How we communicate about mental illness and suicide is central to how we deal with these major mental health issues. As individuals, we believe that talking helps. Fortunately, older Australians acknowledge that we are getting better at talking about mental health concerns with each successive generation. As a community, we believe that we need much more education about how to recognise and deal with mental illness, including a public education campaign, 'Like the one we had with AIDS'. Finally, we need to do more than just talk; we need to bolster our mental health through a range of activities that will keep us active and engaged.

### 5.1 Talking helps

People who have lived experience of mental health difficulties say that it helps to talk and it hurts to keep it bottled up inside.

*It makes a massive difference to talk about it.*

*If you get depression and keep it to yourself it's worse. The whole thing about depression is you feel alone and dark and like you're in a hole. So by not telling anyone it just gets worse and worse.*

Sharing begets sharing. People who have opened up to others about their mental illnesses say that they have been rewarded in turn; the knowledge that you are not alone in battling mental illness is comforting. A willingness to talk can also be the first step in accessing help from others.

*It's funny as I have been more upfront about my mental health, it is amazing how many other people will fess up and tell you about theirs as well.*

*If they talk about it, it gives you an avenue to help.*

In order to harness the therapeutic effect of communication, we need to be open about ourselves and open to talking to others. Given our history, it may take training and practice for some of us to master this form of therapy.

*We do some really good stuff at work about self awareness..it builds your ability to share what's going on and say, you know what, I don't feel so good today.*

*I know for me if I see problems in my own family – I always sort of deal with them head on. But a lot of the time if I try to say nothing it stresses me out. I find for myself, because we've got a good family network and friends picking*



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*up the phone and talking to someone. It's just so easy. It helps a lot. If I want to bitch about something I will. Half the time it doesn't take it away – the thing is still there, but it's a good release.*

Friends can make a world of difference to someone suffering a mental health difficulty but first we need to learn how to recognise the signs of mental illness and to know how to assist.

*Other influences in people's lives have a great effect on their mental illness obviously. And the best way we can control mental illness is just to keep an eye on your mates and making sure your kids have a great upbringing.*

*I'm learning the value of true friendships. My Dad [who has experienced mental illness] didn't have that.*

*I've got a good family up at the Prince of Wales Tavern. They're my darts family. If it wasn't for them, I wouldn't have gotten through it.*

Staying connected with those who matter most to us is important. Fortunately, modern technology makes it possible to stay connected online with 'friends' both near and far. Some parents say that the amount of self-disclosure is an indicator of robust mental health among younger Australians.

*Respondent 1: Will Gen Y be more open?*

*Respondent 2: Look at Facebook. There's less human contact.*

*Respondent 3: I reckon there is more.*

*Respondent 1: I think the kids are better off today because of things like Facebook. I look at what other kids post on my kids' walls and its incredible to see the support coming from their friends.*

*Respondent 2: There are lots of kids on there who are just screaming for help. They might be doing it for the attention but they NEED attention.*

## 5.2 We're getting better at disclosing and discussing mental illness and suicide

Older Australians are the first to admit that they suffered as a result of the silence and stigma which surrounded mental illness and suicide. As some of the older participants confided, attempts to suppress 'family embarrassments' probably exacted a high emotional toll on previous generations.

*Our parents at our age would never have heard conversation about suicide or mental illness either among themselves or in the media.*

*My experience of mental illness as a child is that no one wanted to talk about it. As with people who had handicaps, they were hidden away due to family embarrassment – like my poor uncle Norbert who had schizophrenia.*



*One day I got a call saying that my sister was dead. Apparently, she had had mental difficulties for some time. She had even tried to kill herself twice before. I wasn't told out of fear about how I would react.*

*My brother and I drew lots for who would tell our parents [that our sister had killed herself]. My Mum was the original Iron Lady but it killed my father; he just stopped talking and lay there and died. Had the services been available years ago, it might have been different.*

Older men said that they look back at the stilted relationships they had with their fathers as a source of lifelong pain. Eventually, they discovered that it is better to express love and affection, sorrow and sadness than it is to be emotionally absent or aloof. Unfortunately, the realisation came too late for some.

*I felt neglected as a kid in that dad did not take an interest in me. In fact, I feel depressed talking about it.*

*I was often whipped by my dad when I was young and so made a pledge to never treat my kids like I was.*

*My father had a hard life; could not show us affection. I tried once to have a conversation with him about our family problems and what it was like for us growing up. He just took it the wrong way – thought I was having a go at him.*

Many of these men said that they were taught how to communicate more openly by their children.

*The older generation doesn't talk about it at all. I talk about [my husband who killed himself] and I talk about my uncle. I think it is important. I remember what it felt like to want to stop living.*

*The stigma is still there if you've got a mental health problem. 'you're an idiot' is what people will say. It takes the young people to say, 'Dad, we've got to do something.'*

The younger participants were well aware of how their newfound openness is beneficial to their mental health. Mixed gender friendship groups were seen as particularly helpful to young men who may be more likely to confide in a female friend than in another male.

*I think our generation [30s to 40s] is much more likely to talk. It would have been 'doors shut' amongst our fathers.*



*I'm really happy that my husband has somebody to talk to above me. I think the younger generation is much better. They have a much better grounding of friendships. If you have a good base of friends you're much better off, even if there are girls in the group.*

The current generation of young parents are starting early and are teaching their children to vocalise their feelings early on.

*I think we're much more open these days about talking with our children about everything. If my little boy were to say, 'I'm sad.' I would ask, 'So why are you sad?' I would get him to try to talk about it.*

### 5.3 Sometimes it's easier to talk to a stranger

Mental health is an embarrassing conversation topic for many of us. However, the embarrassment someone who has a mental health difficulty feels is diminished if they talk to someone who doesn't know them. From the perspective of the person assisting, it might also be easier to help someone in crisis if have no emotional investment in them. For these reasons, several participants said, 'It's easier to talk to a stranger'.

*I was approached by a man outside the hospital who said he wanted to take his own life. So, I took him in to ED. I'm so grateful he approached a stranger.*

*My mate had anxiety and depression and said it's easier to talk to people you don't know; either way it's still difficult to ask for help.*

When a group of young fathers was asked, 'Who would you turn to?' they worked their way through the alternatives using a process of elimination before hitting upon the Internet – *the source of anonymous advice.*

*Respondent 1: Who would you turn to?*

*Respondent 2: I don't know. I have a pretty good relationship with my GP. I could broach the topic but it would be tricky.*

*Respondent 3: I love my wife and we are pretty close but I don't think I would be able to talk to her about something like that. I am supposed to be the strong one.*

*Respondent 4: I would talk to my GP – Doctor Google.*

Helplines were also seen as a source of anonymous advice but they too were ruled out because they couldn't always be accessed confidentially (if you are a teenager living at home with your parents) or because they were seen to be 'too serious' and using them for routine concerns might deprive someone who is truly in need of assistance.



*You know this campaign which says something like ‘If you or someone you know has a mental illness then call this number’ that doesn’t work for everybody! I wouldn’t want to call someone up and go like ‘hey I think I’m depressed’...especially for a teenager! Because as a teenager you’re embarrassed and the other thing is it’s a 1800 number – it’ll show up on the phone bill and maybe I don’t want my parents to find out even though they’re the ones that probably should know.*

*Respondent 1: If we had an avenue which was completely confidential, I would be more inclined to talk to someone. If I could get on the phone and know that they wouldn’t judge me.*

*Respondent 2: I know if I had a way of interacting anonymously, I would do it.*

*Respondent 3: Like when I called the Quitline when I was trying to quit smoking. This guy just listened to me for about 20 minutes and then said, ‘sounds like you’re feeling pretty much like other people who are at your stage of quitting’ and it made me feel so much better.*

*Respondent 4: But would we actually ring?*

*Respondent 2: No, I’m just thinking of things for other people.*

*Respondent 5: There is a men’s line. There is Beyond Blue; that’s for general depression. You don’t have to call Lifeline.*

*Respondent 3: I wouldn’t want to call Lifeline. It sounds awfully serious. I could be taking up time from people who really need it.*

#### **5.4 We need a public education campaign ‘like the one we had with AIDS’**

Since the 1990s, Australians have been subjected to wave after wave of health promotions campaigns to raise awareness about various health issues. One group of Generation X men recalled the ‘Grim Reaper’ campaign that was launched to spread awareness of the AIDS epidemic. They felt that given the prevalence of mental health issues, a similar campaign should be run about mental illness and suicide. After all, in the information age, if a health issue isn’t in the media, it doesn’t exist.

*In the 90s we got educated about AIDS. All we heard about was safe sex and condoms. It got through. If it’s not talked about in the public arena then it doesn’t exist.*

*There are citizens out there that don’t even know where to get help. They’re out there! Poor people. They’re still struggling out there. Government needs to get to the grassroots and educate them. Make them aware of how to get healthy.*



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*The government needs to educate people: door to door to educate on the help available out there for citizens.*

Public education should start young, according to several of the people who participated in this study. Presumably, by starting at an early age, education can take hold before the stigma and stereotypes set in. While some might consider mental health to be a sensitive topic, these people reason that if we can teach sexual health in schools, there should be no impediment to teaching mental health.

*If we were sat down in Life Skills class at school, and someone said 'now if you've got a friend with depression here's how to act and here's how to diffuse the situation – make light of it a little bit or make a joke – or whatever the right way to handle it is...but it's hard, everybody's different.*

*Respondent 1: Drive the program in schools. They did sex education in schools why not incorporate mental health education.*

*Respondent 2: Start the conversation at primary school level, so when they get to high school they've got the tools to deal with it.*

*Respondent 3: Compare the US to us, how lucky are we, but it could go the next step further.*

*Respondent 1: Education for everyone, go lower and start in school because people will take that [knowledge] with them. Year 7, Year 8 is way too late.*

*Respondent 2: Someone diagnosed with a mental illness can still live a normal life. You're still you, not an outcast. This should be campaigned in schools that mental illness is something you can accommodate in a normal lifestyle.*

*Respondent 1: There's not enough awareness, people are clueless more so those who haven't been through some stuff.*

*Respondent 3: I take the stance that we don't know enough about it, we need more education*

*Respondent 4: Education has got to start when you're younger.*

*When you're unwell, you're unwell. You can't reason with someone who is unreasonable. We all know that because we have all had breakdowns. But I think that this is something that should be taught in high school – how to recognise the symptoms and how to deal with it.*

Given that men are perceived to have more difficulty dealing with mental illness than women, it is not surprising that participants felt that specific campaigns should be targeted toward them.

*Mental health education has got a way to go to reach the awareness of other men's issues like prostate cancer.*



*Mental health promotions especially those aimed at men have got to promote the importance of becoming more meaningfully connected with others and focus less on the medical side.*

## 5.5 We need to walk the talk on our journey toward better mental health

In the final analysis, participants acknowledged that our mental and physical health is inextricably linked. Some talked about the chemical basis upon which our physical and mental health depends. Others talked about how intangible mental illnesses can manifest as physical illnesses and ailments.

*I'm running now and I feel great. Not just for an hour afterwards but for days. It's that chemical inside us which makes us feel that way. If you don't get physical exercise, it can lead to mental illness. You need to get out, get some sun, get some vitamin D. It stops depression.*

*How recently was it that depression was finally recognised as an illness? As a problem that actually manifests itself physically.*

*Mental illness has also got something like the physical wellbeing of the individual. Because exercise...a lot of people in Europe and Australia they do much exercise, and exercise is part of your mental wellbeing and health. So if the majority of people in Australia are lacking that, obviously their mental health is going to be affected. If you don't have the physical stamina-if you don't exercise here and there every now and then- you're just sitting, those problems become mountainous. And once they become mountainous you start thinking and thinking and getting stressed because you are not getting nowhere. So your physical stamina and being of an individual has a contribution to mental health and illness*

The people who participated in this study had several hints for keeping healthy both mentally and physically:

### Feed the body

*My uncle fed my dad healthy food and his mood lifted. When dad lived on his own again his depression returned.*

### Exercise regularly

*Exercise lifts you up but I hate going to the gym.*

*Treatment is now coming back to organic medicine. Yoga is quite popular these days; people are finding ways to stress release.*



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*The secret of everything – to stay in control – it's about trying to have a healthy lifestyle. Exercise regularly. If you exercise – I'm staying in control. If I stop exercising I start losing control.*

### **Nourish the soul**

*I pray five times a day. When I haven't had time to put my faith in God I feel completely lost.*

*We have church, and God. We know how to pray. What we say is 'Give it up to God' and you learn to laugh a lot.*

*I don't know if religious people feel better than the rest of us but Church's provide 'fellowship' – a place to talk about things. My church has a 'Men's Shed' which is pretty much like this group here tonight. The only difference is we wouldn't be having this conversation unless [researcher's name] wasn't here.*

And lastly,

### **Keep busy to stay happy**

*Start getting people into activities. Like when we went and played paint-ball the other day man – get them into activities like that – natural highs – activities like that will give you a natural high.*

*With my lifelong love of singing I volunteered for the choir that performs to the elderly patients where we had my dad before he died. Not only was it good for their mental health, at the same time it did wonders for mine. After 42 years of continuous work I thought I would struggle in retirement. Voluntary work is what saved me. I get the feeling of looking forward to something and the satisfaction of contributing to something worthwhile*

*I became secretary of a state body but then I got a job. That was the best thing that ever happened to me. That's what got me through it all.*

*They say you just need to keep busy to stay happy.*





Think: Insight & Advice Pty Ltd  
GPO Box 1255  
Sydney NSW 2001  
Tel: +61 2 9358 6664

[www.thinkinsightadvice.com.au](http://www.thinkinsightadvice.com.au)



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