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Suicide Prevention by Voluntary Private Medicine and Business

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Abstract

This article outlines telephone service and internet initiatives to combat the high prevalence of depression, attempted suicide and completed suicide existing in Australia in the late 1990s. Private medical practitioners and a private businessman established a heavily used telephone service designed to attract male callers. Subsequently www.suicideprevention.com.au and www.aftersuicide.com.au were initiated. The article gives an overview of the suicide prevention messages used and the pattern of calls and internet hits.

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If we warn our adult children to drive safely, we should also warn them about suicide

In young adult males, loss of life from suicide is as common as loss of life from car accidents, and their suicide rates have increased considerably in recent decades in many countries of the world. In young women worldwide, suicide is second only to TB as the major cause of death in the age group 15 to 44 (Jamison, 2000). Elderly males have higher suicide rates than the general population. Recent concern in Australia has focused on the increased rate of suicide in men aged 25-44 (LIFE, 2000; Webster, 2001). Fourty Australian men and 10 Australian women die by suicide each week, and estimates of attempted suicides each year are ten to forty times that number (Hassan, 2001).

"Psychiatric autopsy" studies have shown repeatedly that over 70% of those who die from suicide have depressive illness. A past-president of the UK Royal College of General Practitioners, Dr John Horden, described the pain of depression as far worse than the pain he had suffered in previous personal experiences of kidney stones and a heart attack (Wolpert, 1999). Two other distinguished sufferers of depression, Prof Lewis Wolpert (Professor of Biology at University College London) and Prof Kay Redfield Jamison (Professor of Psychiatry at the Johns Hopkins University, and Honorary Professor of English at the University of St Andrews in Scotland) both describe their own depressions as progressively disabling mental paralysis and extreme pain, accompanied by a unique sense of such hopelessness and futility that suicide becomes an inviting and

"logical" solution. Prof Wolpert only accepted intensive treatment of his depression when his wife agreed to help end his life if treatment failed, and Prof Jamison describes her own nearly-fatal suicide attempt (Jamison, 2000, Wolpert, 1999, Jamison, 1995). If such prominent individuals are tempted to suicide in the face of the suffering of depression, there is clearly a great need to find alternative solutions.

Suicide Prevention: Stigma and Success

To many people in our society, regardless of age or background, the mere suggestion of talking to a doctor or seeing a psychiatrist about emotional issues is tantamount to an insult and is personally unacceptable, leaving distressed people to take desperate measures.

Depression, and its associated risk of suicide, is a silent epidemic. The World Health Organization, in its monumental study "The Global Burden of Disease", has shown that depression will be second only to heart disease in worldwide morbidity by the year 2020 (Murray, C. J. & Lopez, A. D., 1997). Five to seven percent of the population have had fleeting thoughts of suicide in the previous year (Goodwin, 2001). Young people in particular, facing expectations of performance earlier in life than previous generations, may not have adequate personal experience and access to supports when faced with problems, especially if they are also experiencing depression, and/ or alcohol or other substance abuse.

Clinically, it seemed to David Horgan (DH) that a major difficulty in preventing suicide was the absence of easy and anonymous access by the general public to information on suicide and depression. It appeared that the stigma attached to emotional

problems, and the reluctance of many Australians to discuss emotional suffering, even in a personal telephone call to available crisis agencies, prevented many distressed and suicidal people from accessing the current sources of help.

Australian telephone directories, widely used to find appropriate services generally, had no information entries under the word "suicide" or "depression" in the late nineties. Lack of awareness of psychiatric illness, and lack of awareness of the potential benefits of treatment, have been confirmed in The Australian National Mental Health Survey (Andrews, Henderson, & Hall, 2001). One can only wonder if lack of easy access to services in rural Australia contributes to the fact that rural suicide rates are consistently higher than in metropolitan areas (Webster, 2001).

It was concluded there would be benefit from providing a mechanism whereby help and information was available totally anonymously, and specifically free of the need to interact with another person, 24 hours a day. A dedicated telephone line and answering machine, providing detailed medical information on suicide prevention, and on the recognition and treatment of depression, seemed likely to add to the armamentarium of services available.

The telephone service was initiated in 1997. All 55 telephone directories throughout Australia since 1997-98 carry the entry "Suicide Prevention Medical Specialist Information Pty Ltd 1300 360 980" in bold black letters. The self-explanatory company name, starting with the word "suicide" was specifically chosen (to ensure its most relevant placement in the directories), and the word "psychiatrist" was deliberately left out, in case some callers would be deterred. The entry states that this is recorded

information (specifically to encourage those uncomfortable talking about their thoughts), and that the cost is a local call cost only (the authors and their sponsors pay the balance of the call costs for long-distance and mobile phone callers).

In mid-2000, an Internet website (www.suicideprevention.com.au) was established, providing similar information. This Internet address now also appears with the telephone entry. In 2002, a website providing support for those bereaved by suicide has been provided, www.aftersuicide.com.au. The sites also provide links to www.depression.com.au, owned by DH.

The Message

As hopelessness is the psychological component most clearly shown to be associated with suicide, the telephone message emphasises there *is* a way to stop the urge to suicide. Suicidal thoughts are relabeled emphatically as persuasive but distorted forms of thinking, resulting almost certainly from depressive illness. The situation is described as analogous to a computer virus or an internal alien, giving convincing but totally inaccurate perspectives.

Common features of depressive illness are described, and it is emphasised that the hidden suffering attached to this illness is well recognised by doctors. Advice is given as to what measures can be used by the sufferer to fight off overwhelming suicidal urges at that time, until professional help can be obtained, ranging from ensuring the person is not alone through to taking safe doses of medication to go asleep until the urge passes. The benefits of non-addictive modern antidepressants in severe illness are emphasised. The

full message lasts approximately 10 minutes because of deliberate repetition of the core points.

Telephone callers are given a post-office box to which they can write for a transcript of the message, and additional information, including a questionnaire of depressive symptoms they can bring to their doctor, if they so wish. Obviously, Internet users have a wealth of written information on the two sites described.

Results

The telephone service receives 7,000-8,000 calls each year, a remarkable number of calls in a country of only 20 million people, not all of whom are English speaking adults, and for a service that has not been able to afford any publicity. The average caller listens for almost five minutes, a long time to listen to a recording, and suggesting they are not just casually curious callers.

Geographically, based on calculations from the 1996 census, most calls per head of population came from Tasmania, followed by ACT, Queensland, Northern Territory, New South Wales, South Australia, Western Australia, and fewest calls came from Victoria. In general, calls were more frequent from non-capital city populations, with the exceptions of Hobart and Darwin, where approximately one person per thousand called the service in the year 2000 alone. This compares with only one person in every 7,000 in Sydney calling the service.

Twenty percent of calls were made in Summer, 23% in Spring, 28% in Autumn, and 29% in Winter. One can only wonder if more awareness of the service would have increased the calls in Spring and Summer, the seasons of most suicides in many

countries, including Australia (Jamison, 2000).

Most calls are made on Monday or Tuesday, with roughly equal numbers of calls on these two days. Calls on Wednesday, Thursday and Friday are next and equal in frequency, with calls on Saturday and Sunday being equally least frequent.

Most calls are made between noon and 6 PM (42% of all calls), and 28% of calls are made between 6 AM and noon. Twenty four percent of calls are made between 6 PM and midnight, and 6% of calls are made between midnight and 6 AM.

The Internet site www.suicideprevention.com.au is heavily used, with a tendency for most hits in the early hours of Saturday morning and Sunday morning.

About 300 people a year request written material by sending a stamped-addressed envelope. Many of the requests for written information are made out of concern for family members and friends.

The Benefits

The community benefits are intangible. Apart from the steady flow of positive comments in letters received from those requesting written material, including many letters stating the telephone message or the Internet site have aborted a definite suicide intent, there is no way of statistically proving the benefits. However, given the increasing awareness of depression, and concerns about suicide in the community, having had over 13,000 callers in the past 2 years alone speaks volumes. Hopefully, this service has contributed to the marked drop in youth suicide in Australia since 1997.

The White Knights

Over the first few years of the telephone service, the number of calls and their costs rose dramatically. Furthermore, the costs of maintaining a highly visible bold print entry in the 55 telephone directories of Australia have risen markedly in excess of inflation, with no reply to repeated letters requesting an explanation. As the directory charges and volume of calls progressively increased, the financial viability of the service became an issue.

On being informed of the progressive financial burden of the services, Mayer Page (MP) immediately took over the directory and call costs associated with the service. He also organised for statistical analysis of the service. Philip Chubb (PC) provided the website design and setup costs for suicideprevention.com.au and for depression.com.au, and now pays the web hosting fees for these sites. The psychiatrist's medical defense organisation (MIPS) has agreed to provide medical indemnity cover for the service at no charge, although not strictly a direct component of the author's medical practice.

The Role of Internet Medicine: Comment by PC

Many people turn to the Internet for information about their own health or that of a loved one when they become ill. There are more than 20,000 health web sites, and selecting useful sites can be difficult.

However, easy access to virtually limitless health and medical information has pitfalls, experts caution. "My advice to consumers about information on the Internet is the same as it is for other media: You can't believe everything you see, whether it's in a newspaper, on TV, or on a computer screen," said Bill Rados, director of the USA Food and Drug Administration's (FDA) Communications Staff. Since anyone -reputable

scientist or quack- who has a computer, a modem and the necessary software can publish a Web page, post information to a newsgroup, or proffer advice in an on-line chat room, "you must protect yourself by carefully checking out the source of any information you obtain" (FDA Consumer, 1996).

Global Vision Media has been a successful website development company and thus understands the pitfalls of quackery on the web. During a discussion with DH about youth suicide, PC became increasingly aware of the extent of the problem of youth suicide and the anguish it causes. He also understood that the web would be a very effective means of communication, but had to have reliable content from authoritative sources. The web must be viewed as an extremely valuable source of health, but the experts must rule.

Global Vision Media staff have worked closely with Dr. Horgan for a number of years, now trying to make the web save lives, and perhaps we have. There is more we would like to do with the site it built that could help people post questions and read messages, much as they would on regular bulletin boards. Through "mailing lists," messages are exchanged by E-mail, and all messages are sent to all group subscribers. In "chat" areas on some services, and on the Internet's IRC (Internet Relay Chat), users can communicate with each other live. This function is of enormous benefit to the ill, providing a sense of community and support, as well as a means of accessing valuable information.

Future Needs

The most pressing need is to find a way to stop people who are suicidal from

acting impulsively, and instead seeking some form of help for their distress. This is a severe challenge to all suicide prevention services. It is also important to prevent suicidal callers receiving the ultimate rebuff of finding that the "last hope" telephone line is engaged!

The most frequent feedback from actual users of the service is surprise to find these services exist, and repeated calls to make the existence of the services more widely known. A sustained level of publicity would obviously increase awareness and utilisation of the telephone service. Extra funding or industry sponsors would also allow the Internet sites to be found more easily by those searching under "suicide". Ideally, mechanisms could be put in place to provide links from these telephone and Internet services to other sources of help in the community, if the callers wished to access such options.

As GPs and non-psychiatric specialists often feel out of their depth when discovering highly suicidal thoughts in their patients (Krupinski, & Tiller, 2001), a hotline to allow medical professionals immediate access to a psychiatrist would seem very useful. The long waiting lists or closed books of many overworked psychiatrists are a phenomenon only too well known to referring doctors (Harris, Silove, Kehag, et al., 1996).

In the needle in a haystack search for predictors of suicide, the group requiring most future care are those who have survived a suicide attempt. Approximately 10% of these people will die by suicide in the next 10 years, and half to a third of suicides have a history of a failed previous attempt (Fawcett, Scheftner, Fogg, et al., 1990; Tejedor, Diaz, Castillon, & Pericay, 1999).

There are reasons to continue with services such as described here. In a number of countries in the world, including Australia, suicide rates are falling in adolescents, and in

the elderly. Increased community awareness of depression as an illness, and the introduction in recent years of antidepressants with minimal side-effects are the factors considered pivotal in turning the tide in such countries (Rutz, 1999).

However, all these initiatives require money and the generosity of the existing individual and pharmaceutical company sponsors cannot be expected to continue forever. The Commonwealth government and the Victorian government have both refused a recent request for funding, apparently preferring to give support to large organisations. The authors have no wish to convert this suicide prevention service in Australia into a user-pays service. Accordingly, all offers from industry and others to assist with continuing, and hopefully expanding, the services will be gratefully accepted!

Conclusion

This example of combined voluntary efforts by a doctor and local businessmen continues to provide the Australian community with a widely used service 24 hours a day. Innumerable medical professionals and non-medical individuals around Australia are heavily involved in the support of their country and their local community in multiple different ways, and harnessed together are the real "silent achievers". Increased community awareness of many voluntary activities such as this one may put into different perspective the stereotypes of private practice doctors and businessmen.

Postscript

Unfortunately, Mayer Page has died since sponsoring the service. His contribution will not be forgotten, and his wife continues to sponsor the service. The Australain

Suicide Prevention Foundation ("Ask, Support, Persevere, Friends for life") was established through his advice, is a registered health promotion charity, and is currently awaiting tax deductibility status.

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