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A LETTER TO ANYONE AFFECTED BY THE SUICIDE OF ANOTHER PERSON

Dear Reader,

I am truly sorry if you are reading this website following the suicide of someone close to you. I hope what I have to say will be helpful to you in this extremely difficult situation and time in your life.

My name is David Horgan, and I am a medical practitioner who has specialised as a Psychiatrist. As part of my work through the registered charity, Australian Suicide Prevention Foundation (www.aspf.com.au), I am providing this website as a voluntary service to the community, to offer some assistance in a very complicated area. Regrettably, you are not the only one affected by the suicide of someone close to you. Unfortunately, about 40 people each week commit suicide in Australia, and ten to thirty times that number of people attempt suicide. I hope the following information will help you or someone close to you.

It is an Illness

The first thing you must understand is that people who commit suicide nearly always suffer from a psychiatric illness, often undiagnosed, which drives them to suicide. Medical research over the years, repeated in very many countries around the world, shows that the vast majority (95% or more) of people who commit suicide were suffering from a severe psychiatric illness at the time. The illness is nearly always Depression, with a minority of people suffering from Schizophrenia, Alcohol Addiction or Drug problems. There are a number of other equally painful but statistically less common illnesses which also affect people, unfortunately driving them to suicide.

It is not generally understood that the vast majority of severe emotional illnesses are in fact breakdowns in the internal chemistry of our bodies, brought about by stress. The broken chemistry is the source of great suffering for the person involved, who often does not realise why they are having such trouble coping, and why they are suffering so much.

How does illness cause suicide?

What usually happens unfortunately, is that depression, and other psychiatric illnesses, distort the thinking of the individual who is affected by the illness. They see everything around them in a very negative way, see the past in a very negative way, and in particular, see the future as guaranteed to be negative and full of emotional suffering. The illness also makes people believe (wrongly) that there is no hope of significant improvement. The person is then left with the one hundred percent conviction that life is currently full of suffering, and will continue in this way well into the future.

Were they suffering?

Yes, unfortunately. Dr John Horden, a previous president of the main GP organisation in Britain, is quoted as saying that his depression was more painful than the heart attack and the kidney stones he suffered also (quoted in *Malignant Sadness* by Prof Lewis Wolpert). Frightened by this picture of guaranteed endless suffering, people attempt to escape the pain by suicide. In many cases, people see what they are doing as a form of euthanasia for an illness they believe is incurable, without realising or being able to believe that the illness may well be cured in very many cases. Even if someone close to you has died in this tragic way, it is very important to let other people know that the illness can indeed be cured should they also be affected by depression.

Did they think of the effect on other people?

Another standard distortion of thinking in people with depression, and other psychiatric illnesses, is that they are a burden on their families and friends, and they are therefore driven to think it would be a relief for others if they were not alive. Accordingly, very unwell people see their suicide as actually removing a burden from those around them, and do not think of suicide as a major cause of burden to their loved ones.

Surviving a suicide attempt

In Australia each year, approximately 2,000 people die by suicide. About 50,000 people each year in Australia attempt suicide, but do not die. The simplest explanation is that the sick bit of the mind wants to die, and the healthy bit of the mind wants to survive, knowing things will improve. Accordingly, some suicide attempts are desperate efforts to escape suffering and go asleep, with the person not really sure whether they will actually die, but only being desperate to escape. It is the healthy bit of the mind, which sometimes allows people to seek help after an overdose etc, or to indicate to others in some way what has happened.

Nevertheless, please do keep in mind that this is a warning of severe distress and perhaps emotional illness, with a significant risk of the action being repeated in the future. This risk is much less if professional help is sought. It is considered best medical practice for everybody who has deliberately harmed themselves to be psychiatrically assessed afterwards.

There is a huge amount of information on www.suicideprevention.com.au.

Are my reactions normal?

Almost every human emotion is likely to be triggered off by the suicide of someone we know. Disbelief that the action could have occurred, anger, great distress, panic, intense sadness etc etc are all perfectly normal standard reactions. It is also understandable that people will look for a cause for the suicide; it is very important not to interpret one situation or one event as the cause of suicide. As indicated above, nearly all suicides take place in those who have quietly developed a severe psychiatric illness, and final events tend to be the last straw that broke the camel's back, not the cause in themselves. Just as a heart attack may be triggered by a small amount of exercise or a vigorous dream, we all realise such events will only cause a heart attack in someone with heart disease that has developed due to multiple factors over a period of time. The same applies to suicide, being the last event in a complicated scenario which has resulted in psychiatric illness, waiting for almost any negative to be the final straw.

Will I recover emotionally?

Unfortunately, there is a risk of you yourself developing depression as a result of the shock of this event and the subsequent stresses and consequences. If the emotional pain is not starting to improve within a few months, you may have developed depression as a complication of your own grief reaction. Do discuss this with your own doctor. Australian research has indicated that at least forty per cent of people develop depression following the death of someone close to them, so that they now have two conditions to deal with, a normal grief reaction plus a depressive illness needing treatment.

However, you certainly will recover from the emotional pain, although you will of course never forget the person who has died so tragically. If the pain is not starting to reduce within a few months, I strongly urge you to see your doctor or a counsellor to ensure that healing of your emotions is taking place normally, and to ensure you yourself have not developed depression as a result of the traumatic event.

Could the same thing happen to other family members?

Unfortunately, medical research indicates that the suicide of a family member is associated statistically with an increased suicide risk for other members of the family. This may be due to the risk that a number of members of the same family have inherited the genes that predispose them to depression

or other psychiatric illnesses. The same illness may tempt other family members to suicide also, if the illnesses are not diagnosed and treated effectively. Therefore, just as we advise the family members of someone who has had a heart attack to have their cholesterol checked, it is important that family members of someone who has died by suicide are themselves very aware of the early signs of depression and other psychiatric illnesses.

“Anniversary reactions” are a particular problem in dealing with grief, and this includes those close to the person who died, wondering about dying themselves also. Special event dates, such as the anniversary of the death, special family dates and birthdays, and special dates in our society (such as Christmas etc) are all periods of increased emotional reflection and concern.

While we all miss those close to us who die, it may help to remember that the person who died from suicide did not know that there was in fact very effective treatment to stop the emotional pain they were trying to escape. The person who died would obviously not want other people to die also due to not being aware of the very effective treatments available.

Where can I get further information?

Organisations listed on this website will give you a lot of assistance, and we are encouraging as many as possible to list here.

You can try links such as

http://www.livingisforeveryone.com.au/IgnitionSuite/uploads/docs/Kit_ACT.pdf

Where can I get help to cope?

There are many people willing and able to help you, and able to assist you in the long haul, not just the immediate crisis. These include:

1. Your family doctor
2. Local mental health services or clinics
3. www.thepsychologist.com.au gives a list of professionals Australia-wide, and you can search for assistance in your local suburbs or townships
4. www.suicideprevention.com.au has a section on the front page labelled “emergency help in Australia”. Clicking on this section will give you website addresses and also telephone numbers of voluntary agencies around Australia who can help you.

Conclusion

Once again, I am truly sorry if you are reading this letter, following the suicide of someone close to you. I hope the information I have provided is of use to you. I would welcome your feedback about this site, any suggestions you may have, and any support you can offer or organise. My address and email address (davidhorgan@email.com) are on the top of this letter.

Donations to suicide prevention and emotional assistance for the bereaved are always welcome.

<http://www.aspf.com.au/donate/form.pdf>.

Or use our websites www.noflowersplease.com.au and www.nopresentsplease.com.au, which are designed to allow you to nominate up to 3 charities or groups to benefit from donations at funerals or social events.

I wish you well for the future.

David Horgan