

Three of my four children have committed suicide.

Child One

Child Two

Child Three

I have experienced enormous frustrations with agencies and practitioners in my efforts to be consulted and included in the provision of services to my children.

Child One was an alcoholic with associated mental health issues (anxiety disorder, subject to psychosis, violence and aggression.)

He refused to engage with services which might have helped him, as his only focus was around drinking. He was living with me and my youngest son Child Two at the time, and we were both afraid of Child One when he mixed medication (Zoloft) with alcohol. I sought help from the Western ASIS team but Child One refused to keep appointments. After he assaulted Child Two one night, I told him he couldn't any live at home any longer. He lived in the back of his ute in the carport at my sister's home for a while, and then squatted under water towers

His quality of life was appalling, and I couldn't bear to see him living like a tramp, so he returned home with me. He showed no interest in changing his lifestyle or addressing his problems. Meanwhile I was running around looking into Rehab and Detox services, trying to find supported accommodation for him with no success. I even approached the Ombudsman out of sheer frustration in not being able to find Child One a place to live where he could get help.

A person from the ASIS team contacted me following my involvement with the Ombudsman, and suggested I use a "Tough Love" approach with Child One, and apply for a Guardianship order. I didn't pursue this path because it would have been against Child One's will and one of my aims was to maintain a relationship with him.

The evening before he died he had been drinking heavily and became aggressive and threatening towards Child Two and myself. We barricaded ourselves in a bedroom and called the police, after Child One smashed a window trying to get at us. He ran off when the police arrived, and I begged the police to arrest him when they found him, believing the only way to get help for Child One was to have him forcibly detained for assessment.

The following day I was frantically ringing around services whom he may have contacted, in an effort to find him. I rang his Community Bridging service caseworker who indicated to me that Child One was with her but she couldn't talk. I felt relieved that he was getting support and assistance.

The following day I was advised by police that Child One had been found. He'd hung himself.

Subsequently the worker from Community Bridging Service phoned to ask if Child One had been found. When I told her he'd committed suicide, she was shocked. She said Child One had been cheerful and chatty the previous day, and had left her to "go out and have dinner with some friends in the city".

If I'd known this alarm bells would have rung loud and clear for me. Child One did not have friends at the time. Child One never went out to dinner, or to the city.

Alcoholics are so skilled at lying and subterfuge. As his mother I would have realised that what he was telling the worker was fantasy.

But because of the Confidentiality clauses, I was never involved or consulted in Child One's case plans.

And it saddens me to realise that the only way I could think to connect ^{Child One} to appropriate supports was to have him arrested.

Child Two .

Child Two's is a different story. ^{Child Two} was depressed, and had sought help. He had attempted suicide twice previously. The first time there was no followup at all. The second time ^{Child Two} was treated in the _____ for 5 days, before voluntary admission to _____ for intensive assessment and treatment for his depression.

If ^{Child Two} hadn't rung me himself to advise of the transfer from the _____ to _____, I would never have known. No-one from the _____ rang me to let me know. I subsequently rang them to voice my frustrations and to ask to be kept informed of ^{Child Two's} progress (with his permission).

He discharged himself after 1 week at _____, and I fully understand this decision. The _____ environment was horrible. Shabby, bleak, grubby, barren of any warmth or welcome. ^{Child Two} was housed with other patients with disturbing mental conditions, so he was constantly harassed by other patients who invaded his personal space and kept hassling him for cigarettes. The environment actually made his depression worse. He rang me in tears one night, saying that some of his clothes had been stolen from the laundry. I was so concerned for his safety and his state of mind that I rang _____ staff to ask them to check on him. No-one had any idea he was in a distressed state in his room.

At this stage I was living 100 kms away, so distance was a factor in my not being able to see him every day.

Child Three .

^{Child Three} suffered post natal depression following the birth of her 3rd child in _____. She was subject to emotional and financial abuse in her marriage, and separated in _____. The separation, along with the fact that her children elected to stay with their father, lead her to drinking, and depression. Then followed a series of tragedies in quick succession.

To begin with, she blamed herself for ^{Child One's} death, as she was the last person he communicated with before he died, and she believed she should have saved him. She was badly injured in a car crash in _____, after drinking heavily. She was hospitalised for 3 weeks with shattered pelvis and spinal injuries, and was in constant pain thereafter.

The accident crippled her financially, with both with vehicle and court costs. She lost her license, which in turn restricted her ability to see her children.

Her father died unexpectedly of an asthma attack in _____.

Then her younger brother ^{Child Two} committed suicide in _____.

^{Child Three} had a particularly strong bond with ^{Child Two}, and never recovered from his death. She was consumed with depression and wishing she were dead.

At this stage I was living nearly 200 kms away (she lived at _____, I lived at _____) so I was not in a position to respond quickly when she felt low.

In _____ ^{Child Three} was admitted to the _____ Hospital after police had discovered her in a distressed state near _____, and she had begged them to shoot her. I drove the 400 km round trip to see her, and left feeling optimistic that she had disclosed that she had a drinking problem, and had arranged followup counselling for both the drinking and depression on discharge from hospital. She told me she felt this was the turning point now she'd be getting regular treatment.

Child Three began a new relationship in early , had casual work at , and moved to with her new partner.

Her sadness and guilt at being so far away from her children, and not seeing them regularly, led to intermittent drinking episodes, and a further conviction for DUI. She was attending counselling, and gave me the name and contact details of her counsellor if I wanted to share information. I rang the counsellor. The counsellor never rang me.

Following Child Three's apprehension by police for the DUI charge, I became seriously concerned that she might attempt suicide. She had begun to distance herself from me, after she told me that she wanted to have another child with her new partner, and I counselled her against this, encouraging her to focus on getting herself back on track before considering the responsibility of a baby. She was mixing strong painkillers, antidepressants and alcohol, and I told her I was always anxious that she would accidentally kill herself with this cocktail. She didn't appreciate my honesty, and told me not to contact her unless I had something positive to say.

I rang Child Three's counsellor to tell her that I felt very concerned about Child Three, asking how the counselling was going, and seeking advice on how to support Child Three. The counsellor told me to ask Child Three how I could support her. This was difficult. Child Three was lying to me about her drinking and finances, and had already told me that she only wanted to hear positive things from me. I struggled with this. It meant I couldn't be honest and share my concerns with her as her mother. It meant superficial rosy communication when I was agonising over the possibility of Child Three suiciding. And, because of the Confidentiality clauses, the counsellor wouldn't tell me anything.

(After Child Three's death I rang her counsellor to inform her. The counsellor said she was shocked, and never expected Child Three to take this course. She said she hadn't seen Child Three for a while. I asked when Child Three's last appointment was. She said she'd get back to me with this information, but hasn't.)

In retrospect when I sought advice from my children's counsellors, it was conflicting and unhelpful. Child One's counsellor telling me to adopt a "Tough Love" approach, and Child Three's counsellor telling me to ask Child Three how I could support her.

Child Three was telling me she was going to counselling regularly, but I have my doubts. Thankfully Child Three and I got through this period, and resumed our communicative relationship.

Child Three remarried in . She seemed happy, but deep down she was still troubled and depressed, mainly around not seeing her kids regularly. She would text and phone me frequently about her problems. Her new partner and I maintained regular communication about Child Three.

A few days before she died Child Three received a letter out of the blue from the Child Support Agency, advising her that her CSA deductions had been increased from \$350 per fortnight to \$450 per fortnight, with arrears of \$2,900. This tipped her over the edge. She was already struggling financially, and couldn't see a way out.

Within days she had committed suicide.

So, with my experiences in mind, what would I suggest?

1. The Confidentiality aspects need revision, to enable caregivers and those with significant relationships with the depressed/suicidal person to be included/consulted/updated with progress. If my child failed to turn up for an appointment, or presented in a particularly worrying state of mind, I would like to have been informed. I would have appreciated it if I could have contributed to the bank of information counsellors have. (For example, people with a drinking problem tend not to present an honest appraisal of their situation.)

I believe that on presentation at a service, clients should be asked to nominate their “significant relationships”. Then asked “Which of these people would you like to be involved in your Care Plan?” or words to that effect. This could then begin an information sharing pathway where family could be involved in the therapeutic journey. The client might then feel that family understand them better, and that we are all working together towards recovery. They could still have individual sessions for private conversations, but part of their Care plan should involve family participation (unless the client specifically rejects this.)

2. People with Depression should not be accommodated in the same space as people with other outwardly disturbing mental health behaviours such as psychosis, schizophrenia, OCD, etc. They need a quiet, soothing environment free from being pestered and hounded by other unwell people.
3. Old wards at should be bulldozed and replaced with modern, aesthetically welcoming accommodation.
4. The Child Support Agency needs to review the way people are informed of changes. Sending a letter to someone who is already depressed and agonising over lack of contact with their children can (and does) have tragic consequences. This information needs to be given face to face where trained staff can assess the impact and offer support if necessary.
5. There has to be some way of helping people who are unwell but won't voluntarily seek help. A “user friendly” way, where objective service providers take control of the situation, leaving family members to maintain a relationship with their loved one. If I had told ^{Child One} that I was applying for a Guardianship Order, he would have severed his relationship with me. I couldn't take that risk. But if an external agency had made a decision (based on a risk assessment) to have ^{Child One} detained for assessment/treatment, then I would have been free to love and support him through that process.