

REPLY FROM WHITE WREATH ASSOCIATION INC TO
GORDON NUTTALL MP MINISTER OF HEALTH

20 July 2004

Gordon Nuttall MP
Minister for Health
Member for Sandgate
GPO Box 48
BRISBANE QLD 4001

Dear Mr Nuttall

Thank you for your letter Ref. No. M1121634 date 13 July 2004.

Re: Suicide Policies -

These guidelines are a vast and very positive improvement and are now, we believe, the best in Australia.

We would like a face to face meeting with you and the Director. Your interest in this area is pivotal to the success of suicide/mental health policies. Our group brings together families and carers, particularly mothers, and when a suicidal/mentally ill person is discharged from care it is frequently to their family/carers.

You say you have taken our recommendations into consideration but you have not acknowledged White Wreath or Mr Neame in your list of sources/ references as we requested in our correspondence.

Page 3 of your guidelinessuicide should always be regarded as a medical emergency. You are trying to have a bob each way. Here are three recent reasons why it should be regarded as an emergency; two from Queensland and one from New South Wales.

A young woman who was regarded as mildly suicidal was sent home where she killed another three year old child. She had previously killed her own son. Two children killed.

A man who was being assessed treated for suicide/mental illness and being managed in the community. He had expressed the desire to kill his family. Four lives lost.

A man who has been treated in the community in New South Wales for depression and a recent suicide attempt killed his entire family. Another four lives lost.

Ten lives lost three times or 300% the number of people originally presenting as a risk.

The stakes are very high and because they also involve murder and violence, very political.

Nowhere in your policies do you mention the link of suicide with murder, violence and public safety (see point 3 and 12 of our recommendations).

In our view there should be a legislative requirement to admit and assess suicidal people as in-patients.

Page 6 of your recommendations - bottom line - you are trying again to have a bob each way in what is a true emergency.

Because suicidal people arrive as out-patients, standing and in apparent good physical condition it is easy to regard the situation as not serious.

Follow up - safe follow up in the community does not exist and the hard evidence is that no matter how much money is spent in the community, safe follow up of actively suicidal patients is a total lie, totally impossible.

Page 4 - You obviously do not know what we are talking about when we say the patient should have a physiological/neurological examination as well. Verbal assessment is the beginning of the chain of events, which leads to suicide, murder suicide and mass killing.

English enquiries into forty mental health related murders and other mental health disasters said "Listen to those closest to the patient". Families must not only be consulted but their views should be noted in the patient's file especially if they are counter to the proposed plan of action. Explanation and active involvement from the family from woe to go is one of the most effective ways of preventing disasters.

Yours sincerely

Fanita Clark
PRESIDENT

cc Ms Diana Petrovich