

Australia's increasing suicide rate linked to social crisis

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Clear evidence of a connection between rising suicide levels, job losses and worsening living conditions emerged last month when mental health advocacy groups released details of suicide rates between 2009 and 2012 across 28 federal electorates.

In a media release, they called “for all major parties and candidates in the 2 July election to spell out what they will do in the next parliament to address the rising toll of suicide and self-harm across Australia.”

The results are part of a report, *Suicide Prevention—An Action Agenda*, prepared by consultancy ConNetica and the Brain and Mind Centre at the University of Sydney. The report draws a link between deteriorating economic conditions and the 22 percent increase in suicide between 2004 and 2014.

“Where countries have dramatically altered the social safety net for long-term unemployed and those with disabilities, suicide rates have risen sharply,” the report states.

“For example, in the Netherlands, rates rose over 30 percent between 2008 and 2012 with the combined impact of the GFC [global financial crisis] and harsh fiscal austerity measures. The evidence is clear—apply harsh fiscal austerity measures and a lot of people will die from suicide. Individuals lost—families crippled—communities damaged.”

Speaking at a media conference, ConNetica director John Mendoza said a common characteristic of electorates with the most severe rates of suicide was the impact of economic change. Workers had lost jobs or conditions. “Issues like the loss of manufacturing, the downturn in resources and construction industries, housing affordability and the high cost of education and retraining is hitting hard.”

Mendoza continued: “If you want to give people a mental health problem, if you want to raise their psychological distress, what do you do? Dose them up on

uncertainty, dose them up on fear. That’s what causes mental illness, that’s what gets them to the point they see no other option but to take their own life.”

The electorates with the highest number of recorded suicides from 2009 to 2012 were:

? Casey, spanning the outer-eastern suburbs of Melbourne, with an official youth unemployment rate of 12.31 percent, had 184 suicides.

? Longman, which includes the working-class Brisbane suburb of Caboolture, with a youth unemployment rate of 14.63 percent, experienced 162 suicides. Queensland has some of the highest youth unemployment rates in the country—from 20 to 28 percent in many regions.

? Corangamite, which covers part of the regional city of Geelong, near Melbourne, had 111 suicides. It has a youth unemployment rate of 18.15 percent and the nearby rural town of Colac has a youth unemployment rate of 19.05 percent.

The Geelong region is being devastated by the closure of manufacturing industries, such as Ford and Alcoa, and the ongoing rise of indebtedness in the farming sector.

These disturbing figures provide a glimpse of the growing social crisis facing workers and young people as a result of unemployment, poverty, the gutting of funding to education and training facilities, lack of social supports and the absence of affordable housing.

A key aspect of the report is the under-reporting of suicides. It noted: “Suicide is implicated in many poisonings, falls and motor vehicle accidents. It is generally accepted that the actual number of deaths is 20-30 percent higher than the official numbers.”

Data released earlier this year by the Australian Bureau

of Statistics (ABS) in the *Causes of Death Report 2014*, revealed suicide was the *leading* cause of death for those aged 15 to 44. There was an average of 7.8 deaths by suicide each day, totalling 2,864 people during 2014. This equates to 12.0 suicides per 100,000 people. Suicide rates among Aboriginal and Torres Strait Islanders are double that of non-indigenous Australians.

A greater number of people attempt to end their lives every day—approximately 180 officially.

Successive Labor and Liberal-National governments have done nothing to address the chronic lack of mental health resources. In 2012, the Gillard Labor government commenced the rollout of the National Disability Insurance Scheme (NDIS). But this only shifts funds to cheaper service providers. While promising high-quality lifelong services for the disabled, in reality the NDIS will see hundreds of thousands of people with mental illness fail to qualify for assistance.

Prime Minister Julia Gillard's government also introduced major changes to welfare payments, transferring thousands of single parents and the disabled from pensions onto lower-paying unemployment benefits. It is estimated that 60 percent of people already moved off the Disability Support Pension (DSP) suffer mental illness. There are now plans for a further 90,000 people to have their eligibility "re-assessed."

In 2014, the current Liberal-National Coalition government made a number of changes to health funding agreements with states and territories, identifying "savings" of \$1.8 billion over four years. Funding guarantees under the National Health Reform Agreement 2011 (NHRA) were replaced by "activity based funding" until July 2017. Following this, funding will be linked to movements in the consumer price index (CPI) and population growth—essentially a return to the funding model the NHRA replaced.

The National Partnership Agreement on mental health was also terminated. It was providing approximately \$45 million a year to states and territories to supposedly improve services, particularly in the priority areas of accommodation support and presentation planning in hospital emergency departments.

Neither Labor nor the Coalition has committed any extra funding during this election campaign. Both are committed to the National Suicide Prevention Strategy, with the ongoing "re-allocation" of existing funds, effectively shifting the onus of responsibility and burden onto families, GPs and "local organisations." The Greens have earmarked a paltry extra \$400 million over four

years, which is a drop in the ocean of what is required.

The South Australian government recently announced the closure of two key mental health facilities in Adelaide, following a \$5 million cut to federal funding. One of the services, in Salisbury, is adjacent to the northern suburb of Elizabeth, which is being impacted by the closure of the car manufacturing industry.

With a further \$15 million cut to funding, other services in the state are facing closure by July, including an after-hours acute community mental health service, as well as services in Whyalla, a regional city built around the steel industry that is facing the threatened closure of the Arrium steelworks and iron ore mines.

Mendoza told the media conference: "We are sleepwalking into a national disaster." Far from "sleepwalking," major companies and governments are consciously imposing these attacks on the most oppressed and vulnerable sections of the working class, not only in Australia but internationally.

The reality is that unless people can afford to pay for health insurance and private clinics, they are denied access to "best practice" care.

The factors that contribute to suicide are complex. However, the links between persistent and increasing economic hardship and uncertainty, and deep psychological distress and lack of hope are undeniable. The upward trajectory of suicide rates is one of the sharpest expressions of the social crisis facing the working class. Can there be a more damning indictment on society?

Under the existing economic system of capitalism, which is driven by profit and the never-ending accumulation of wealth for a tiny minority, the basic and social needs of the majority, the working class, will never be met.

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