Submission to National Children's Commissioner on suicidal behaviour

I am writing from my personal perspective. My dear son recently died by suicide. Even though we were aware that he was not well, we did not expect himself to take his life.

In my submission I will give

- a personal account of my son's final year
- my opinion on suicide prevention promotion
- a suggestion for researching the connection between acne and suicide

2 June 2014

My son's final year

My son, , died by suicide on . He died 8 days before his 20th birthday. He had dropped out of University the previous year and spent a year at home rarely going out. We knew he was not mentally well but did not think he was suicidal.

My husband and I are well educated, well read people and we thought we were loving, caring and involved parents. When we found out that our son dropped out of University after his first year, we tried talking to him and tried to encourage him to get help. He said he did not want to talk to anyone and did not need help. He was then aged 18.

I phoned up Headspace and spoke to someone about our concerns for him. I was told that because he was over 18, we could make an appointment for him to see someone but unless he was prepared to attend the appointment, we could not make him. They sent me out information packages, one for us and one for him. The information package did not tell us anything we did not already know. I gave the other package to my son who tossed it on the shelf under his desk and as far as I know did not look at it.

At the end of the phone conversation with the person from Headspace, she said something to the effect that many young men lose their way and if they have a nice home, food and internet connection, they find it comfortable to stay inside and not go out and face the world. She suggested that this was not unusual behaviour. This gave me some peace of mind (false as it turned out) because I thought perhaps he would get over it. I have since been told by a psychologist that his behaviours fitted the profile of a suicidal young man.

What I would have liked from Headspace is advice on how to talk to him and to get him to seek help, not assurances that his behaviour was not unusual and not told that because he was over 18 we couldn't make him attend an appointment.

I spoke to our GP about our concerns for his mental health and she agreed to our plan to assess him surreptitiously. We persuaded him to go to the doctor with the excuse that he should get blood tests done to monitor his vitamin D and B12 levels. He was taking supplements of both vitamins, B12 because previous blood tests had shown he was low in B12 (our whole family is) and vitamin D because he was not going outdoors much and I advised him to take supplements. I told him that he needed to check he was taking the correct amounts and not too much. When I initially told that I had made an appointment for him with our GP he was very angry and refused to go, but when I explained that it was to check his vitamin intake, he agreed to go. After two long appointments, with blood tests done in between, our GP told us that she did not think had depression. This was a year before he took his life. After his death, our shocked and devastated GP told us that she had spoken to him at length and had checked him for self harm and had asked him if he wanted to end his life and was satisfied that neither was the case. He came across as polite and quiet and she did not think he was depressed or suicidal.

Our son was highly intelligent. We spoke openly with him about all sorts of issues. He knew he could talk to us. He was always interested in his physical health and took good care of himself. He had never smoked, never drank alcohol and never took drugs. Right up until the time he died, he

was eating healthy food. He had stopped drinking tea and coffee several months earlier and had stopped eating desserts and snacks.

We know from a few of his drawings and notes, which we found after his death, that he was aware something was not right in his head but we do not understand why he did not seek help or accept our offers to get him help.

He was willing to see our GP about his physical health, but he was totally unwilling to see anyone about his mental health. Why? We don't know and we never will.

Suicide Prevention Programs

I have been trying to understand why died and I have been doing a lot of reading about suicide, especially in the age group my son was in.

It is obvious there is no one reason why people take their own lives. The drive for self preservation is innate in humans and it must take a lot to override this instinct.

The media present the public with simplistic reasons for suicide and simplistic solutions to the problem. Currently we keep being told that bullying causes suicide, especially cyberbullying on social media. In fact the police detective who interviewed me after death went on and on about social media and was on social media and how did I know he wasn't etc.

When I was young it was thought to be listening to heavy metal music which turned people into mass murderers or caused them to kill themselves, later on playing Dungeons and Dragons was blamed for the same problems and more recently it has been playing computer games such as Call of Duty and now the obsession is with social media and cyberbullying.

In my opinion if any of these things have any effect at all it just one small piece of the whole picture.

Suicide prevention programs focus on trying to get young people to ask for help if they are feeling depressed or if they have suicidal thoughts. It seems that all this effort has not made any dent in the number of young people dying by suicide in the past ten years. I was shocked to learn that in Australia, for boys and young men in age group (15 to 24 years old) suicide is now the leading cause of death.

It is assumed that if someone accesses mental health services, they will receive help via talk therapy and/or medication. It is also assumed that the currently available therapies and medicines help. But is there any evidence that either talk therapies, for example CBT (cognitive behaviour therapy) and other therapies or medications will prevent a person from attempting or completing suicide?

From what I have been reading, it seems that many people complete suicide while under medical care, sometimes after years of medical care and medication. It also seems that doctors, psychiatrists and psychologists cannot predict who will complete suicide. After the event, they can tell you that your child fell into one of the high risk categories but not everyone in the high risk category will attempt suicide.

Suicide prevention stories in the media focus on the importance of getting people to access mental health services. There seems to be an underlying assumption that high suicide rates are due to people not accessing services rather than that the services themselves not being efficacious.

Is suicide prevention evidence based? Is treatment for depression and other mental health disorders evidence based? Is the high suicide rate amongst young people a western phenomenon? Suicide has always existed. Is it worse now than previously in history? Are young people dying because of existential angst, crappy lives, worries about the future? Or is there a physiological basis to suicide?

It seems to me that if the suicide rates for young people in Australia have not declined in the past 10 years that these therapies are not working. I would hate to see the result of this inquiry being

glossier brochures and “groovy” social media campaigns to encourage young people to access more of the same.

In summary I think there should be:

1. Research into the efficacy of current programs to prevent suicide
2. Research into the efficacy of current treatments, both talk and drug to prevent suicide
3. Comprehensive data collection including complete medical histories of people who attempt and complete suicide. There are clearly some at risk groups but more information is needed to learn what individuals have in common.
4. Cross cultural comparisons which rely on good, comprehensive data collection.

Physiological basis for suicide

It seems to me that in some people suicidal thoughts might have a physiological basis. It could be genetic and be something which affects the structure and chemistry of the brain, or it could be an organism which has infected the brain.

It is not uncommon for people to have genuine symptoms of illness dismissed by doctors because conventional medicine has not yet uncovered the physiological basis of the illness. They are told the symptoms are psychosomatic – all in their heads. When someone eventually finds the physiological basis, it goes from being a psychological problem to a physical one which may be able to be treated with drugs. They really are sick, it wasn't all in their heads and under their volitional control.

A very well known recent example is stomach ulcers. It was thought they were caused by stress and now it has been demonstrated that they are caused by Helicobacter Pylori, a bacterium, and can be cured through a course of antibiotics.

A parasite which is already known to affect the brain and is linked to suicide attempts, is toxoplasma gondii. This is the parasite found in cat faeces and is the reason why handling kitty litter should be done with care. A study of more than 45,000 women in Denmark found that women infected with T. gondii were one and a half times more likely to attempt suicide than those not infected.[1]

What if there are other parasites and bacteria which affect the brain and cause suicidal thoughts?

Acne bacteria and suicide

I think there is a good case for researching the link between acne and suicide. In particular what role if any Propionibacterium acnes, the bacterium which causes acne, has in suicidal thought.

There is evidence that there is a link between severe acne and an increased risk of suicide. A Swedish study published in November 2010 set out to see if there was a link between the drug accutane used to treat severe acne and suicidal behaviour but what they found was that bad acne alone increases the risk.[2]

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[1] Study Links Cat Litter Box to Increased Suicide Risk
http://news.yahoo.com/study-links-cat-litter-box-increased-suicide-risk-194116398--abc-news-health.html

[2] Severe Acne Raises Suicide Risk, Study Finds
http://www.webmd.com/skin-problems-and-treatments/acne/news/20101111/severe-acne-raises-suicide-risk-study-finds

It is assumed that bad acne causes psychological problems in sufferers because they worry about their looks, but this is an assumption. What if the link between acne and suicide is a physiological link? Perhaps it is the acne bacteria itself which is causing changes to the brain.

Propionibacterium acnes has been found in many sites in the body including the brain. There is a link between it and prostate cancer.[3]

It has also been found to be the cause of up to 40% of cases of lower back pain. Danish researchers found that some people with lower back pain had discs infected with P. acnes and that treatment with antibiotics allieviated the symptoms.[4]

It appears to cause different problems in different parts of the body. I would like to see research done to see if Propionibacterium acnes does indeed affect the brain.

Association of suicide attempts with acne and treatment with isotretinoin: retrospective Swedish cohort study
BMJ 2010; 341 doi: http://dx.doi.org/10.1136/bmj.c5812 (Published 11 November 2010)
http://www.bmj.com/content/341/bmj.c5812

[3] Acne bacterium may also cause infections all over the body
http://www.news-medical.net/news/20110112/Acne-bacterium-may-also-cause-infections-all-over-the-body.aspx

Acne Bacteria may affect the brain and the body
http://www.livescience.com/9299-acne-bacteria-infect-brain-body.html

[4] Acne bacteria to blame for back pain?
http://thebrainbank.scienceblog.com/2013/05/12/acne-bacteria-to-blame-for-back-pain/