

Suicide Prevention and Postvention: an interdisciplinary approach

History

You are one of two GPs in a small regional town in South Australia. For some years now you've been seeing a local family comprising of Victor and Beverley and their three sons Aiden, 20 years old, Nathan, 18 years old and Tim, 16 years old. The three boys all live at home on the family sheep farm.

Victor is a third generation sheep farmer. You don't know Victor well and he rarely comes to see you. His own family members and town locals report that he is a quiet reserved man and a tricky character. You know Beverley well, she has a long history of anxiety and depression, which you treat and which she manages adeptly due to her pragmatism and good insight.

Aiden, the eldest son, is an affable relaxed young man, popular with a strong social network. You have a good relationship with him, seeing him intermittently and as required. During his final year at school Aiden experienced an episode characterised by anger and poorly formed persecutory delusions. A telehealth psychiatry consult established that Aiden was experiencing a drug induced psychosis.

Aiden was rattled by the episode and ceased his recreational use of marijuana and amphetamines promptly and willingly but was disinclined to stop drinking. He shares with you that most weekends *'while some of my mates*

drug on, me and some others just drink, we're known as the drinkers'.

Aiden attributes his swift recovery from the episode to *'taking some control of my future by deciding to leave school and pursue a mechanic apprenticeship'*. He shared with you this decision was causing much conflict between him and his father. He agreed to your suggestion to talk with a psychologist with whom he actively engaged for six sessions, feeling satisfied with the process and even more solid with his decision. While trying to secure an apprenticeship he worked a number of part time jobs.

Nathan, the middle child, is also well known to you by way of his ADHD diagnosis which was made about five years ago. His ADHD along with his anxiety, diagnosed two years ago, are well managed by a fly-in-fly-out psychiatrist who he sees every six months. Nathan is still at school, he is a chatty and positive boy who struggles with social connections and cites Aiden as his best friend. He is prone to impulsivity which Beverley worries about. For a period of time he saw a psychologist for his anxiety however the visits were ceased as the family could no longer afford them.

Tim, the youngest boy does well academically and socially. He gets on with both his brothers but is relatively independent of them.

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Beverley has shared with you that Tim *'.... is my only boy who I don't worry about, and that includes Victor!'* You know she worries about Aiden's binge drinking and his relationship with Victor; about Nathan's social isolation and how he'll cope when Aiden moves out of home; and about Victor who keeps things bottled up and tells her that her worries are all in her head. In fact she tells you Victor doesn't *'believe in mental health'*.

The present

Aiden makes an appointment to see you, requesting a medical certificate for a job interview he was unable to attend. He looks dreadful – tired, dishevelled and angry. You ask him how he is, sharing your concerns regarding his presentation. He tells you that he has just broken up with his girlfriend of 15 months as he discovered she had slept with one of his friends. He admits to being *'pretty freaked out about it doc, I've lost my best mate and my best friend'*. In talking about it Aiden concedes he has had thoughts of his own death but reassures you he has no plans to, nor would he ever consider, killing himself.

You refer him to the same psychologist he saw previously and arrange a follow up appointment with him in four weeks. He seems happy with this arrangement.

Aiden doesn't follow through with the psychologist referral nor does he attend his follow up appointment with you. Your practice nurse rings to reschedule but Aiden claims he is fine and has no need to see you.

Two weeks later you are rostered on call at the local hospital. You get a call that you are needed to certify a death by suicide. You are shocked to learn that it is Aiden. He had hanged himself in the farm's shearing shed. He was found by his brother, Nathan.

Three weeks later

You catch up with the family at Aiden's funeral. The funeral is big with many of the local community in attendance. You struggle to make contact with Beverley and Tim as they are continually surrounded by well-wishers. Victor and Nathan both appear to be isolating themselves, hanging back, away from the crowd and each other. You manage to make contact with Beverley to share your condolences. You tell her that you'd like to visit her and the family at home. She agrees and your practice nurse arranges the appointment.

Not surprisingly at the home visit you find the family bereft. Beverley and Victor are at odds, with Beverley wanting to talk about Aiden and Victor shutting her down *'all this chatter isn't gonna help bring Aiden back. And it'll just end up with you feeling more sad'*. You sense Victor's passive aggression is directed at you for missing clues to Aiden's state of mind.

Tim has engaged well with the school counsellor and tells you *'it's good to be able to talk with someone who is part of this but also not part of it'*.

Nathan, usually very talkative and engaged, has shut down. He will not make eye contact with you and says little. He is downcast and removed from the family dynamic. He

mentions Aiden once during your visit saying *'my brother Aiden, he's a better person than me and now that he's not here I'm only half the person I was'.*

Beverley sees you out and shares, when she is out of Victor's ear shot, how worried she is for her husband and Nathan. You thank Beverley for sharing her insights, telling her you trust her judgement and that it concurs with your observations.

You leave the family home feeling overwhelmed with sadness, guilt, and an awful sense of foreboding.

The first thing you do when you get back to the office is contact Nathan's psychiatrist to share your concerns about Nathan's mental health. But you know that is only one step in responding to what needs to be addressed in this awful story.



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